

Mr
Chair

I-11026-08-12

*** REQUESTOR: JST1660 - STEVENSON, JUDY EMERGENCY ACTION CENTER ***

*** S Y S M I N B A S K E T P R I N T ***

MESSAGE ID: 001460 DATE: 08/05/12 TIME: 08:01 PRIORITY: 0000

TO: HQEAC01 - CENTER, EMERGENCY ACTION
GENERAL TERMINAL
EMERGENCY ACTION CENTER

FROM: TTA4090 - TAYLOR, THOMAS
CHAPLAIN II
GURNEY UNIT

SUBJECT: DEATH NOTIFICATION

*****DEATH NOTIFICATION*****

INMATE: ADAMS, RODNEY TDCJ# 1797921
DATE OF DEATH: 08/04/2012
CUSTODY: B2 STATUS: ACTIVE RACE: W/M DOB: 10/02/66 AGE: 45
CAUSE OF DEATH: PENDING AUTOPSY TIME: 1750 HR DOCTOR: D. JONES
PLACE OF DEATH: ETMC TYLER
DUTY WARDEN: R. GOINGS TIME: 1808 HRS
JUSTICE OF THE PEACE: M. SCHAMBURGER TIME: 1807 HRS
TDCJ-ID-IAD: MARK OWENS TIME: 1813 HRS
CARNES FUNERAL HOME: ELI MARQUEZ TIME: 1823 HRS
CHAPLAIN: THOMAS TAYLOR TIME: 1825 HRS
EAC: TERESA ALFORD I-11026-0812 TIME: 2151 HRS
APPROVAL OF AUTOPSY BY N.O.K. (X) YES () NO () UNABLE TO CONTACT
N.O.K. ASHLEY ADAMS TIME 1830 HRS PHONE 940 368-8985
ADDRESS: 303 EDNA STREET FAMILY WILL (X) WILL NOT () CLAIM BODY
ADDRESS: WEATHERFORD TX 76086
LOCATION OF BODY: CARNES FUNERAL HOME
LOCATION OF INMATE PROPERTY: NONE

Sent to: HSMA016 DEATH RECS/CAROLYN MCMILLIAN (to)
HVWAR01 HUNTSVILLE_WARDENS_OFFICE (to)
CHAPSUP KELLUM, MERLINE (to)
HQEAC01 CENTER, EMERGENCY ACTION (to)
CAS7772 ASHWORTH, CARISE D. "CARI" (to)
KEN2430 ENLOE, KELLY (to)
RG08509 GOINGS, REGINALD (to)
PRA3069 RAYFORD, JERRY (to)
MGR7512 GRAHAM, MIKE (to)
EBR1993 BROWN, ERNEST (to)
TTA4090 TAYLOR, THOMAS (to)

SUPERVISOR'S INVESTIGATION OF EMPLOYEE/OFFENDER INJURY

Last Name of Injured <i>Adams</i>	First Name <i>Rodney</i>	MI	SSN/TDCJ# <i>1797921</i>	Date Of Injury <i>8-3-12</i>
Time Of Injury <i>1820</i>	Unit Of Assignment <i>ND</i>	Use of Force UOF# M	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>I-11026-0912</i>	EAC# Date of Report <i>8-3-12</i>
Department of Assignment (Table 2) (Check ONLY One)				
<input type="checkbox"/> 01 Administration* <input type="checkbox"/> 08 Counselor* <input type="checkbox"/> 15 Laundry/Necessities <input type="checkbox"/> 22 Yard/Utility <input type="checkbox"/> 02 Ag Administration* <input type="checkbox"/> 09 Education-Windham* <input type="checkbox"/> 16 Operations & Maintenance <input type="checkbox"/> 23 Dog Kennel/Horse Barn <input type="checkbox"/> 03 Chaplaincy* <input type="checkbox"/> 10 Food Service <input type="checkbox"/> 17 Parole* <input type="checkbox"/> 24 Community Work Proj <input type="checkbox"/> 04 Classification* <input type="checkbox"/> 11 Grievance* <input type="checkbox"/> 18 Security* <input type="checkbox"/> 25 Field Force <input type="checkbox"/> 05 Clerical* <input type="checkbox"/> 12 Health Services* <input type="checkbox"/> 19 Supply <input checked="" type="checkbox"/> 26 Non-Occupational <input type="checkbox"/> 06 Construction-Facilities <input type="checkbox"/> 13 Industry <input type="checkbox"/> 20 Training* <input type="checkbox"/> 27 Recreational <input type="checkbox"/> 07 Counsel Substitute* <input type="checkbox"/> 14 Internal Affairs* <input type="checkbox"/> 21 Transportation* <input type="checkbox"/> 28 Suppt Services Inmate				
* Not Applicable for offenders - Department of Assignment for offenders is Non-occupational or Recreational unless injury occurs on-the-job.				
Location Of Injury (Table 3) (Check ONLY One)				
<input type="checkbox"/> 01 Admin. Area/Office <input type="checkbox"/> 15 Dining Hall/Kitchen <input type="checkbox"/> 29 Laundry <input type="checkbox"/> 43 Sidewalk <input type="checkbox"/> 02 Backgate <input checked="" type="checkbox"/> 16 Dormitory/BOQ <input type="checkbox"/> 30 Library <input type="checkbox"/> 44 Stable/Barn/Kennel <input type="checkbox"/> 03 Barber Shop <input type="checkbox"/> 17 Education Area/Classroom <input type="checkbox"/> 31 Loading Dock/Porch <input type="checkbox"/> 45 Steps/Stairway/Ladder <input type="checkbox"/> 04 Boiler Room <input type="checkbox"/> 18 Farm Shop <input type="checkbox"/> 32 Mailroom <input type="checkbox"/> 46 Supply/Necessities <input type="checkbox"/> 05 Ad Seg Cell <input type="checkbox"/> 19 Field <input type="checkbox"/> 33 Maintenance Shop/Work Area <input type="checkbox"/> 47 Swimming Pool Area <input type="checkbox"/> 06 Gen Pop Cell <input type="checkbox"/> 20 Firing Range <input type="checkbox"/> 34 Nursery/Greenhouse <input type="checkbox"/> 48 Toilet/Restroom <input type="checkbox"/> 07 Hi-Sec Cell <input type="checkbox"/> 21 Garage/Tractor Shed <input type="checkbox"/> 35 Parking Lot <input type="checkbox"/> 49 Transportation Vehicle <input type="checkbox"/> 08 Cellblock Run <input type="checkbox"/> 22 Grounds/Yard-Inside Fence <input type="checkbox"/> 36 Picket Tower/Central Control (Bus/Van, etc.) <input type="checkbox"/> 09 Closet/Utility Room <input type="checkbox"/> 23 Grounds/Yard-Outside Fence <input type="checkbox"/> 37 Ramp/Elevator <input type="checkbox"/> 50 Turnout Area <input type="checkbox"/> 10 Clubhouse <input type="checkbox"/> 24 Hallway/Walkway/Corridor/Foyer <input type="checkbox"/> 38 Recreation Yard/Gym <input type="checkbox"/> 51 Visitation <input type="checkbox"/> 11 Commissary <input type="checkbox"/> 25 Highway/Road/Street <input type="checkbox"/> 39 Roof <input type="checkbox"/> 52 Vocational Trades/Workshop <input type="checkbox"/> 12 Community Work Projects <input type="checkbox"/> 26 Hospital/Clinic/Infirmary/Lab <input type="checkbox"/> 40 Sallyport/Vestibule <input type="checkbox"/> 53 Warehouse/Storage Area <input type="checkbox"/> 13 Craft Shop <input type="checkbox"/> 27 Industrial Area <input type="checkbox"/> 41 Salvage Area/Storage Yard <input type="checkbox"/> 14 Day Room/Lounge <input type="checkbox"/> 28 Intake Area <input type="checkbox"/> 42 Shower				
Cause Of Injury (Table 5) (Check ONLY One)				
<input type="checkbox"/> 01 Offender Assault <input type="checkbox"/> 09 Contact with Chemicals <input type="checkbox"/> 15 Insect Bite <input type="checkbox"/> 21 Struck By <input type="checkbox"/> 02 Intentionally Self-Inflicted <input type="checkbox"/> 10 Contact with Electrical Current <input type="checkbox"/> 16 Medical Condition <input type="checkbox"/> 22 Vehicular <input type="checkbox"/> 03 Employee on Employee Assault <input type="checkbox"/> 11 Contact w/ Temperature Ext <input type="checkbox"/> 17 Over-Exertion <input checked="" type="checkbox"/> 23 Weather Related <input type="checkbox"/> 06 Animal Bite <input type="checkbox"/> 12 Fall on Different Level <input type="checkbox"/> 18 Environmental Hazards <input type="checkbox"/> 07 Bodily Reaction <input type="checkbox"/> 13 Fall on Same Level <input type="checkbox"/> 19 Slip/Trip, Not a Fall <input type="checkbox"/> 08 Caught In, On or Between <input type="checkbox"/> 14 Horse Related <input type="checkbox"/> 20 Struck Against				
Type Of Injury (Table 6) (Check ONLY One)				
<input type="checkbox"/> 01 Abrasion <input type="checkbox"/> 09 Dislocation <input type="checkbox"/> 17 Hernia <input type="checkbox"/> 25 Shock <input type="checkbox"/> 02 Amputation <input type="checkbox"/> 10 Dizziness, Faintness <input type="checkbox"/> 18 Infection <input type="checkbox"/> 26 Sprain <input type="checkbox"/> 03 Bite <input type="checkbox"/> 11 Foreign Object In Eye <input type="checkbox"/> 19 Inflammation <input type="checkbox"/> 27 Sting <input type="checkbox"/> 04 Bruise/Discoloration <input type="checkbox"/> 12 Fracture <input type="checkbox"/> 20 Internal Injuries <input type="checkbox"/> 28 Strain <input type="checkbox"/> 05 Burn <input type="checkbox"/> 13 Frostbite <input type="checkbox"/> 21 Nausea <input type="checkbox"/> 30 Exposure to Communicable Disease <input type="checkbox"/> 06 Contusion <input type="checkbox"/> 14 Hearing Loss <input type="checkbox"/> 22 Puncture <input type="checkbox"/> 31 Closed Head Injury <input type="checkbox"/> 07 Cut <input type="checkbox"/> 15 Heart Attack/Chest Pains <input type="checkbox"/> 23 Rupture <input type="checkbox"/> 32 Open Head Injury <input type="checkbox"/> 08 Dermatitis/Rash <input checked="" type="checkbox"/> 16 Heat Exhaustion/Cramps/Stroke <input type="checkbox"/> 24 Scratch <input type="checkbox"/> 29 Other(Specify) _____				

Body Part Injured (Table 7) (Check ONLY One)			
<input type="checkbox"/> 01 Abdominal/Stomach	<input type="checkbox"/> 07 Ear(s)	<input type="checkbox"/> 13 Head	<input type="checkbox"/> 19 Shoulder(s)
<input type="checkbox"/> 02 Ankle(s)	<input type="checkbox"/> 08 Eye(s)	<input type="checkbox"/> 14 Hips	<input type="checkbox"/> 20 Wrist(s)
<input type="checkbox"/> 03 Arm(s),Elbows, Forearms	<input type="checkbox"/> 09 Face, Mouth, Jaw, Teeth	<input type="checkbox"/> 15 Internal	<input type="checkbox"/> 21 Pelvis
<input type="checkbox"/> 04 Back	<input type="checkbox"/> 10 Foot, Feet, Toes	<input type="checkbox"/> 16 Knee(s)	<input type="checkbox"/> 22 Genitals
<input type="checkbox"/> 05 Buttocks	<input type="checkbox"/> 11 Groin	<input type="checkbox"/> 17 Leg(s)	
<input type="checkbox"/> 06 Chest, Ribs	<input type="checkbox"/> 12 Hand(s), Finger(s)	<input type="checkbox"/> 18 Neck	

Describe How and Why the injury occurred, including activity engaged in (i.e., carrying, lifting, etc.):

Offender was taken from B-1 bl to the infirmary with very hot and dry skin. He had a possible heat exhaustion/heat stroke

Unsafe Condition (Table 10) (Check ONLY One)			
<input type="checkbox"/> 01 Congested Area	<input type="checkbox"/> 11 Lighting	<input type="checkbox"/> 22 Unsafe Material	
<input type="checkbox"/> 02 Electrical Hazard	<input type="checkbox"/> 12 Mislabelled/Unlabeled Chemicals	<input type="checkbox"/> 23 Unsafe Vehicle	
<input type="checkbox"/> 03 Excessive Noise	<input type="checkbox"/> 14 Open Trench/Hole/Ditch/Drop-Off	<input type="checkbox"/> 24 Unsafe/Defective Hand or Electric Tools	
<input type="checkbox"/> 04 Harmful Animals/Insects/Reptiles	<input type="checkbox"/> 15 Poisonous Vegetation	<input type="checkbox"/> 25 Unshored Trench/Excavation, etc.	
<input type="checkbox"/> 05 Health Hazards (i.e., Fumes, Dust)	<input type="checkbox"/> 16 Protruding Object	<input type="checkbox"/> 26 Walkway/Sidewalk/Pavement	
<input type="checkbox"/> 06 Improper Housekeeping	<input type="checkbox"/> 17 Rough/Sharp Objects	<input type="checkbox"/> 28 Overexposure to Weather Conditions	
<input type="checkbox"/> 07 Improperly Stored Chemicals	<input type="checkbox"/> 18 Slipping or Tripping Hazards	<input checked="" type="checkbox"/> 13 No Unsafe Condition	
<input type="checkbox"/> 08 Inadequate or No Warning Signs	<input type="checkbox"/> 19 Steps/Stairs/Ladder or Other Working Surfaces	<input type="checkbox"/> 27 Other (Specify)	
<input type="checkbox"/> 09 Inadequate Ventilation	<input type="checkbox"/> 20 Unguarded Machine, Belts, Pulley, Roller		
<input type="checkbox"/> 10 Layout or Design	<input type="checkbox"/> 21 Unsafe Equipment		

Unsafe Act (Table 11) (Check ONLY One)			
<input type="checkbox"/> 01 Improper Lifting	<input type="checkbox"/> 12 Unobservant, Inattentive, Unaware	<input type="checkbox"/> 23 Working w/o Adequate Lighting	
<input type="checkbox"/> 02 Improper Handling	<input type="checkbox"/> 13 Operating/Working at Unsafe Speed	<input type="checkbox"/> 24 Working in Confined Space w/o Safeguard	
<input type="checkbox"/> 03 Failure to Use/Wear PPE	<input type="checkbox"/> 14 Operating w/o Proper Authority	<input type="checkbox"/> 25 Failure to Warn of Known Hazards	
<input type="checkbox"/> 04 Failure to Wear Appropriate Dress	<input type="checkbox"/> 15 Disabling/Removing Safety Devices	<input type="checkbox"/> 26 Entering Unauthorized Area	
<input type="checkbox"/> 05 Unsafe Driving Techniques	<input type="checkbox"/> 16 Improper Placing or Storing	<input type="checkbox"/> 29 Failure to Notify Authority of Illness/Injury	
<input type="checkbox"/> 06 Using Unsafe/Defective Tool/Equip/Material	<input type="checkbox"/> 17 Improper Mixing or Storing	<input type="checkbox"/> 30 Offender Assault	
<input type="checkbox"/> 07 Using Wrong Tool/Material/Equipment	<input type="checkbox"/> 18 Working/Walking Under Suspended Load	<input type="checkbox"/> 31 Self-Mutilation	
<input type="checkbox"/> 08 Taking Shortcut, Not Using Established Route	<input type="checkbox"/> 19 Did not Use Handrail/Grab Bar	<input type="checkbox"/> 32 Exceeded Physical Limitations	
<input type="checkbox"/> 09 Contact with Electrical Source	<input type="checkbox"/> 20 Repairing/Servicing Moving Object	<input checked="" type="checkbox"/> 27 No Unsafe Act	
<input type="checkbox"/> 10 Unnecessary Exposure to Hazards	<input type="checkbox"/> 21 Failure to Use a Lockout Device	<input type="checkbox"/> 28 Other(Specify)	
<input type="checkbox"/> 11 Horseplay	<input type="checkbox"/> 22 Riding Moving Equip Not For Passengers		

Recommended Corrective Action (Table 12) (Check ONLY One)			
<input type="checkbox"/> 01 Counseling	<input type="checkbox"/> 02 Disciplinary	<input type="checkbox"/> 03 Enhance Security Procedures	
<input checked="" type="checkbox"/> 04 None Applicable	<input type="checkbox"/> 05 Training	<input type="checkbox"/> 06 Repair or Eliminate Condition	

Corrective Action Taken (Table 13) (Check ONLY One)			
<input type="checkbox"/> 01 Counselled	<input type="checkbox"/> 02 Disciplined	<input type="checkbox"/> 03 Enhanced Security Procedures	
<input checked="" type="checkbox"/> 04 None Taken	<input type="checkbox"/> 05 Training Conducted	<input type="checkbox"/> 06 Repair Completed or Condition Eliminated	
DATE CORRECTIVE ACTION TAKEN <u>8/3/12</u>			

Dept Supy <u>Singer-L</u>	Signature <u>Lha</u>	Date <u>8/3/12</u>	Phone ()
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Injury Report

To: **Unit Risk Manager**

(The RM-04 shall be forwarded directly to the Unit Risk Manager by 8:00 a.m. the following work day.)

From: **Unit Medical Department**

Officer Name:

Last
First

(use if Officer / Staff Member Injured)

Offender Name:

Last
First

TDCJ #:

179 7921

Work Assignment:

Housing Assignment:

Date & Time of Accident:

08/03/12 @ 1820

Date & Time Reported to Medical:

08/03/12 @ 1820

Type of Injury: (Check One)

- Work Related
 Non-Work Related
 Recreational
 Altercation
 Self-Mutilation
 Use of Force

Severity of Injury: (Check One)

- Minor - One time treatment or follow-up visits
the purpose of treatment / observation or minor
scratches, cuts or 1st degree burn
 ★ Serious - Requires treatment e.g. sutures,
fractures, splints
 X-Rays Scheduled

Nature of Injury (cut, scratch, etc. to leg, arm, etc): Offender possibly
experiencing a heat strokeHow Injury Occurred: heat exhaustion - hyperthermiaExtent of Injury: Skin very hot, dry to touch,
Offender not sweating, core temp 109.9Treatment Given: Ice packs placed behind neck
and under armpits and groin, offender covered in wetter fanHealth Care Provider's Signature: Dinella Shaws w/n on offender

IV started to Rt upper arm

Security Supervisor Notified of this Injury: Lt Crutchek 08/03/12 1830

Name	Date	Time
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★ If Serious Injury - Risk Manager Notified

Name	Date	Time
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*** REQUESTOR: KMA2104 - MAXWELL, KELLY GURNEY UNIT ***

*** S Y S M O U T B A S K E T P R I N T ***

MESSAGE ID: 020352 DATE: 08/04/12 TIME: 08:39am PRIORITY: 000

SUBJECT: MEDICAL TRANSFER

MEDICAL TRANSFER

X EMERGENCY

ROUTINE

NAME OF INMATE: ADAMS, RODNEY INMATE NUMBER: 1797921

DIAGNOSIS: POSSIBLE HEAT STROKE/ EXHAUSTI

NATURE OF TRANSFER: O SCHEDULED APPOINTMENT

N EVALUATION

SENDING PHYSICIAN: SCHALER PAC

ACCEPTING PHYSICIAN: ER PHYSICIAN

TRANSPORT TO: PALESTINE REGIONAL

TRANSPORTATION MODE ORDERED: CHAIN BUS UNIT VAN
WHEELCHAIR VAN X AMBULANCE

TRANSPORTATION MODE USED: CHAIN BUS UNIT VAN
WHEELCHAIR VAN X AMBULANCE
OTHER

HOUSING: GEN POP

ACT OF VIOLENCE: N

UTMB/TDCJ MANAGED CARE AUTHORIZATION (Y OR N): N

UNIT CONTACT NAME: GRAVES/ WILBANKS

JOB TITLE: LVN

TIME DEPARTED UNIT: 18 : 38 DATE DEPARTED UNIT: 08 / 03 / 2012

TIME RETURNED: : DATE RETURNED: / /

SENT TO:

Sent to: TRANSPORT <list> (to)

AD-03.29 (rev. 7)
Attachment A
Page 13 of 21

Texas Department of Criminal Justice
TRANSPORT AUTHORIZATION FOR OFFENDER REMAINS

The undersigned authorizes and directs the coordinating funeral home

and/or its said agents or staff to make the removal of the said remains of

Adams Rodney G #1797921 from Gurney UNIT 1385 Fm 2328 Palestine, Texas
(Print Offender Name) (Print Unit/Location) 75801

who died on 08-04-2013, and to hold until further notification
(Date of Death)

from the Warden of the unit with regards to the approval for an autopsy.

NOTE: If an offender death is determined to be from natural cause by a certified medical physician, the offender's family will be provided the opportunity to object to an autopsy.

Instructions: If death occurs on the unit the Warden shall sign this form authorizing the transport of the remains. If death occurs off the unit the Warden shall sign the form and shall deliver the form by the most expedient means to the appropriate medical staff at the location of the death.

Kerry B. L-7
Signature of Warden/Designee

Terry Bagley
Printed Name

John S. Johnson RN
Medical Physician's/Registered Nurse's Signature

Printed Name

Address of Physician/Registered Nurse:
East Texas Medical Center (ETMC)
1000 Bechtel

Tyler, Texas 75701

Texas Department of Criminal Justice AUTOPSY ORDER

In accordance with Section 501.055 of the Government Code, the following Order shall serve as authorization to perform an autopsy on the body of the deceased offender identified below.

Offender Name: <u>Adams Rodney G.</u> TDCJ #: <u>1797921</u> <small>(Print Name)</small>
Date of Birth: <u>10-22-66</u> Race: <u>W</u> Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Offender Pronounced dead at <u>5:50 PM</u> on <u>09-04-2012</u> <small>(Print time, include am or pm) (Print date, month, date, year)</small>
Location of Death: <input type="checkbox"/> Unit _____ <input checked="" type="checkbox"/> Other <u>EAST Texas Medical Center</u> <small>(Print Unit Name) (Print location, i.e. hospital name)</small>

Acting in my capacity as an authorized official of the Texas Department of Criminal Justice, I hereby order and decree that an autopsy be performed on the body of the above described offender. Said autopsy should be performed to determine the cause of death of the offender who died of natural causes while attended by a physician or registered nurse.

Said autopsy should include a determination of the cause of death and toxicological examinations of the urine, blood and other bodily matter as deemed necessary to determine types and amounts of alcohol or drugs if any are present in the body. I further order that said autopsy be performed by the UTMB Autopsy Service Physicians and/or associates.

It is understood that due care shall be taken to avoid unnecessary disfigurement of the body.

Further, said body shall be transported to UTMB Galveston (location of autopsy) by a representative or associate of Carver Funeral Home Funeral Home, located in Beaumont, Texas. Upon completion of the said autopsy, the body should be relinquished to a representative of the delivering funeral home who can be reached at (phone number) 855-262-8325, for transport.

Please forward copy of preliminary findings and reports to:

TDCJ Death Records Technician, Health Services Division
3009 Hwy. 30 West, Rm. 162
Huntsville, TX 77340
(936) 437-3631 (phone) (936) 437-3638 (fax)

Terry Bagley L.T. Sheriff
Warden (or designee)

County Smith
City Tyler, Texas Zip Code 75701



**Texas Department of Criminal Justice
OFFICE OF THE INSPECTOR GENERAL**

**INVESTIGATOR'S REPORT
OF CUSTODIAL DEATH**

OIG TRANSITORY #: (if necessary)

CASE #	EAC #	OFFICIAL DATE & TIME OF DEATH		AUTOPSY ORDERED?	
I-11026-0812	8-4-2012	5:50	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
DECEDENT NAME (LAST, FIRST, MI)		RACE	SEX	AGE	DOB
<u>Adams, Rodney</u>		W	M	45	10-2-66
IDENTIFICATION #:	UNIT OF ASSIGNMENT:		DATE & TIME FOUND:		
<u>01797921</u>	<u>Gurney</u>		<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		
PLACE OF DEATH: <u>East Texas Medical Center Tyler</u>	CITY <u>Tyler</u>	COUNTY <u>Smith</u>		ZIP CODE <u>75701</u>	
J.P./M.E. NOTIFIED (Name) <u>Thomas Shambarger</u>	PRECINCT # <u>5</u>	DATE & TIME J.P./M.E. NOTIFIED		PHOTOGRAPHS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PLACE OF INQUEST	DATE & TIME OF INQUEST				
	<u>8-4-2012 6:07</u>				<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM

★ LOCATION, POSITION and SURROUNDINGS OF BODY ★

Offender Adams was found ^{supine} on a medical bed at East Texas Medical Center Tyler, Tx. in ICU #2262

★ SUMMARY of HOW DEATH OCCURRED ★

Unknown Pending Final Autopsy

TRANSPORTING FUNERAL HOME	RECEIVING FUNERAL HOME
<u>Carnes Funeral Home</u>	<u>Carnes Funeral Home</u>
INVESTIGATOR SIGNATURE <u>Buddy Fletcher</u>	TELEPHONE # <u>(903)928-2311</u>

Law Enforcement Agency: TEXAS DEPARTMENT OF CRIMINAL JUSTICE
OFFICE OF THE INSPECTOR GENERAL
P.O. Box 4003 – Huntsville, TX 77342-4003
(936) 437-6735

INVESTIGATOR'S REPORT OF CUSTODIAL DEATH

(Continued)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE - OFFICE OF THE INSPECTOR GENERAL

CASE #	DECEDENT NAME (LAST, First MI)	IDENTIFICATION #
	<i>Adams, Rodney</i>	01797921

*** CLOTHING WORN BY DECEDENT ***

- | | | | |
|------------------------------------------|--------------------------------------|--------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> Pants | <input type="checkbox"/> Shoes/Boots | <input type="checkbox"/> Jacket |
| <input type="checkbox"/> Belt | <input type="checkbox"/> Gown/Blouse | <input type="checkbox"/> Dress | <input type="checkbox"/> Other (list details below) |

*** PROPERTY SENT WITH DECEDENT ***

Order for Autopsy, Copy of travel card, ER report, ~~ER notes~~

*** MEDICAL HISTORY ***

- | | | | |
|---------------------|---------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------|
| Was death attended? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Previous history of illness? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| History of suicide? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | HIV? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

HOSPITAL NAME <i>East Texas Medical Center</i>	ADDRESS <i>1000 South Beckham, Tyler, Tx. 75701</i>	TELEPHONE <i>(903)597-0351</i>
PHYSICIAN CONTACTED: (Name) <i>David Jones</i>	ADDRESS <i>1000 South Beckham, Tyler, Tx. 75701</i>	TELEPHONE <i>() -</i>

DIAGNOSIS: Unknown Pending Final Autopsy

*** NEXT OF KIN INFORMATION ***

NEXT OF KIN <i>Ashley Adams</i>	ADDRESS <i>313 Edm St.</i>	TELEPHONE <i>Wetherford, Tx. 76086</i>	TELEPHONE <i>(940)368-8985</i>
NEXT OF KIN NOTIFIED BY: (Name) <i>Chaplain</i>	TELEPHONE <i>(903)928-3118</i>	DATE & TIME NOTIFIED: <i>8-4-2012 6:30 AM</i>	

*** IDENTIFICATION ****** DOCUMENTATION ***

HOW: <input type="checkbox"/> Offender Records <input type="checkbox"/> Fingerprints <input checked="" type="checkbox"/> Viewed at Hospital/Scene <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Order for Autopsy <input type="checkbox"/> Clinic Notes (last 72 hrs) <input checked="" type="checkbox"/> ER Report (if available) <input checked="" type="checkbox"/> Copy of Travel Card
REPORT DISTRIBUTION: (Include Complete Documentation)	
Verification Made By:	Relationship to Decedent: (1) Case File (2) J.P. (3) To Accompany Body

B 107

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Offender Property Inventory**

CONTROL #

Offender (Print name): Adams, Rodney TDCJ#: 1797921 Unit: ND
 Date of Inventory: 8-4-12 Reason for Inventory: Medical Transport

Section I: Authorized Offender Property*Instructions:* Enter the quantity in the appropriate column beside the item at time of inventory.

KEY: "O" = In Offender's possession; "P" = Stored in Property Room; ✓ = Must be registered; * = Only females may possess

ITEM	O	P	ITEM	O	P	ITEM	O	P	ITEM	O	P						
Consumable Items																	
Bread			* Bobby Pins			Activator			✓ Alarm Clock (Limit 1)								
Canned Drinks			* Bras (Limit 7)			After Shave			Commissary Bag								
Candy			* ✓ Curling Iron			Baby Oil			Commissary Chain (Limit 1)								
Cheese			* Douche Items			Baby Powder			Cup								
Chips			* Gender Box			Brush			Handkerchief								
Coffee			* ✓ Hair Dryer			Comb			Pencil Sharpener (Limit 1)								
Crackers			* Hair Accessories (6 items/sets)			Conditioner			Plastic Bowl								
Hot Sauce			* Hair Rollers (Limit 24)			Dental Flossers			Plastic Lock/key (1 per box)								
Jelly			* Hair Ties			Deodorant			Small Nail Clippers (Limit 1)								
Meats			* Make-up (10 items)			Foot Powder			Spoon								
Pastries			* Panties (Limit 7)			Hair Dressing/Food			Tweezers								
Peanut Butter			* Perfume Lotion (Limit 2)			Hair Gel			Work Gloves (Limit 1)								
Pickles			* Sanitary Napkins/Tampons			Lotion			TDCJ Rule Book (GR-107)								
Soup			* Stud Earrings (Limit 2 pair)			Petroleum Jelly											
Spreads			Health Care Device/Supplies														
Sweetener			✓ Prescription Eye Glasses			Razor, Disposable											
Tortillas			✓ Prescription Sun Glasses			Shampoo											
Correspondence/Publications																	
Letters			(✓ Only if free-world)			Shaving Cream											
Magazines			Jewelry Items (1 each)			Shower Shoes											
Newspapers			✓ Wedding Ring			Soap/Soap Dish											
Craft Items																	
Colored Pencils			Legal Material														
Water Colors			Pleadings, Transcripts, law books, notes, attorney letters, carbon paper, writing envelopes, etc. Estimate Qty.			✓ Medallion (Religious)											
Educational Items																	
All Books						Other: (Headband, Hijab, Kufi, Medicine Bag, Natural Objects, Prayer Rug, Tallith-Prayer Shawl, Turban, Wooden Comb, Yarmulke)											
Literature (Pamphlets)																	
Necessity Items																	
Electrical Equipment (1 each)			Gym Shorts-Personal (Limit 4)			Stationery Items											
✓ Fan			Shoes (State-issue, limit 1 pair)			Envelopes											
Headphones			Shoes (✓ Personal, limit 1-2 pair)			Greeting Cards											
✓ AM/FM Booster/Antenna			Socks-Personal (Limit 4 pair)			Ink Pens											
✓ Hot Pot			Thermal Bottom-Personal (Limit 2)			Paper											
✓ Outlet Adapter			Thermal Top-Personal (Limit 2)			Pencils											
✓ Clamp-on Lamp			T-shirt-Personal (Limit 4)			Stamps (60 Max.)											
✓ Radio						Tablets											
✓ Typewriter/Word Processor																	
SECTION II: Staff Acknowledgment of a complete and accurate inventory																	
<i>Instructions:</i> If offender is not present during inventory, there must be a staff witness.																	
Inventory Staff (Print name): <u>Michael Herrington</u>												Signature/Date: <u>8-4-12</u>					
Staff Witness (Print name): <u>Doreen Jones</u>												Signature/Date: <u>8-4-12</u>					
SECTION III: Offender Receipt of Property																	
I have reviewed the above inventory of my personal property and it is correct. I understand that if I choose to possess property while in TDCJ, I consent to its rules and regulations regarding acquisition, possession, storage, and disposition. I also understand that in the event of loss or damage determined to be the responsibility of TDCJ, reimbursement would generally be paid at no more than \$50 per item.																	
A. Items Retained by Offender and/or stored in the Property Room (See items marked above)												Offender (Signature/Date): _____ Staff Initials/Date: _____					
B. Items Returned to Offender (See items marked above)												Offender (Signature/Date): _____ Staff Initials/Date: _____					

Instructions on back of Form

Las instrucciones de espalda de forma

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION
INMATE TRANSFER ROSTER**

Transferring Unit: Prepare five (5) copies of this roster for each unit that is to receive men. Send original and duplicate with men being transferred. Triplicate: Attach to your daily strength report and mail to W.H. Gaston, Director, Personnel Records. Quadruplicate: Attach to your file copy of the daily strength report. Fifth copy: Inmate record section.

Receiving Unit: You must receive two copies of this form with each group of men transferred to your Unit. Original attach to your daily strength report.

Transfer From Gurney
Transfer To PRMC

EFFECTIVE DATE OF CHANGE

8/3/12

20 12

Prison Number	Last	Name First	Middle	Race	Class	Remarks Reason for Transfer
1797921	Adams	Rodney		W		Medical 1
						2
						3
						4
						5
						6
						7
						8
						9
						10
						11
						12
						13
						14
						15
						16
						17
						18
						19
						20

Gurney
Shipping Unit

8/3
Date 20 12

PRMC
Receiving Unit

**Correctional Managed Care
Urgent / Emergent Care Record**

Patient Name: ADAMS, RODNEY **TDCJ#:** 1797921 **Date:** 08/03/2012 18:25 **Facility:** GURNEY (ND)
Most recent vitals from : BP: ; Wt: ; Height: ; Pulse: ; Resp: ; Temp:

Allergies:

Medications:

BENZTROPINE 1MG TABLET

1 TABS ORAL TWICE DAILY for 30 Days
NO RFS CO JAIL INTAKE

ORDERING FACILITY: GURNEY (ND)

ORDERING PROVIDER: COPELAND, JEFFREY R

COMPLIANCE: 0.00 %

REFILLS: 0 / 0

EXPIRATION DATE: 9/02/2012 09:52:00AM

CYMBALTA 60MG CAPSULE #

1 CAPS ORAL TWICE DAILY for 30 Days
CO JAIL INTAKE NO RFS

ORDERING FACILITY: GURNEY (ND)

ORDERING PROVIDER: COPELAND, JEFFREY R

COMPLIANCE: 0.00 %

REFILLS: 0 / 0

EXPIRATION DATE: 9/02/2012 09:53:00AM

hyDROXyZINE PAMOATE 50MG CAP #

1 CAPS ORAL TWICE DAILY for 30 Days
CO JAIL INTAKE NO RFS

ORDERING FACILITY: GURNEY (ND)

ORDERING PROVIDER: COPELAND, JEFFREY R

COMPLIANCE: 0.00 %

REFILLS: 0 / 0

EXPIRATION DATE: 9/02/2012 09:55:00AM

Patient Language: ENGLISH	Name of interpreter, if required:
----------------------------------	------------------------------------------

MODE OF ARRIVAL:		CONDITION ON ARRIVAL:	
Date: 08/03/2012	Time: 1820	Stable	
Ambulafory		Guarded	
W/C		<input checked="" type="checkbox"/> Serious	
X Stretcher		Critical	
Carried			
CHIEF COMPLAINT/LOCATION/ONSET:		possible heat stroke / exhaustion, offender skin very hot+touch, dry, offender not sweating	
SIGNIFICANT MEDICAL HISTORY:		depression	

Quantitative Pain Scale: Place an "X" below												
0	1	2	3	4	5	6	7	8	9	10		
Qualitative Description of Pain:												
Location:	Unknown					Onset:						
Duration:	Offender cannot verbally respond											
Aggravating Factors:												
Alleviating Factors:												
Pain Character:	Dull	Sharp	Throbbing	Other:								
Frequency:	Constant	Intermittent	Other:									
Radiating:	No	Yes	Location:									

Correctional Managed Care
Urgent / Emergent Care Record

Patient Name: ADAMS, RODNEY TDCJ#: 1797921 Date: 08/03/2012 18:25 Facility: GURNEY (ND)

GLASGOW COMA SCALE					
Eye Opening		Best Verbal Response		Best Motor Response	
Spontaneous = 4		Oriented = 5		Obeys Command = 6	
To voice = 3		Confused = 4		Localizes pain = 5	
To pain = 2		Inappropriate words = 3		Withdraws to pain = 4	
None = 1		Incomprehensible sounds = 2		Flexion to pain = 3	
		None = 1		Extension to pain = 2	
					None = 1
Time	Initials	Eye Opening	Motor Response	Verbal Response	Total Score
1825	PL	1	1	1	3

NURSING ASSESSMENT	CARDIAC	N/A	PULMONARY	N/A	GI	X	N/A	SKIN	N/A	NEURO	N/A	
	Apical Pulse	Respirations				Denies Problems		Cold		Alert		
Regular	Normal				Nausea		Warm		Oriented X:			
Irregular	Shallow				Vomiting		Hot		Confused			
JVD	Labored				Diarrhea		Dry		Lethargic			
Peripheral Pulses	Nasal Flaring				Rectal Bleeding		Moist		Unresponsive			
Upper	Grunting				Constipation		Diaphoretic		Arm Strength			
R L	L	X	Retractions				Incontinent		Normal	R	L	Normal
Lower	Hyperventilating				Date	Pale		R L			Weak	
R L	L	X	Use of accessory muscles				Last BM: unknown	Mottled	X	R	L	Flaccid
Bleeding	Abdomen				Cyanotic		Leg Strength					
None	Lungs				X	Soft	Jaundiced		R	L	Normal	
Controlled	R	L	Clear		Firm	X	Flushed	R L			Weak	
Excessive	R	L	Crackles		Distended	X	Intact	X	R	L	X	Flaccid
Location:	R	L	Wheezes		Obese	Ortho	N/A	Pupils				
Est. Blood Loss	X	R	L	Diminish	Tender	Deformity		Equal				
cc:	R	L	Absent		Location:	Swelling		Unequal				
Capillary Refill	GU	X	N/A	Rebound		Location		R	L	Reactive		
Normal	Burning				Bowel Sounds		ROM	X	R	L	X	Nonreactive
Delayed	Frequency				Normoactive		Full	X	R	L	X	Dilated
Edema	Urine Odor				Hyperactive		Limited	R	L	Constricted		
Upper	Hematuria	X	Hypoactive		Absent	X	R	L	X	Fixed		
0 1+ 2+ 3+	Incontinent	Absent										
R L	Anuric	NG/G tube				Name	Time					
Lower	Vag. Discharge	Initial Assessment				LVN						
0 1+ 2+ 3+	Vag. Bleeding	Completed By:				Pamela Gravels	1825					
R L	Catheter											

Correctional Managed Care
Urgent / Emergent Care Record

Patient Name: ADAMS, RODNEY TDCJ#: 1797921 Date: 08/03/2012 18:25 Facility: GURNEY (ND)

****Contact Provider****

Name of Provider Notified:	G. Schaller PA-C 08/04/12	Time:	0615
----------------------------	---------------------------	-------	------

Provider Orders:	send offender 911 to local ER, Start IV = NS @ 150 ml/hr, ice offender down to armpits, groin, and neck, cover offender body with cool water remove all clothing,	Details of abnormal findings and ongoing assessment and care.
------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------

Orders obtained and read back/verified by: (Name)	Pamela Graves RN-
---------------------------------------------------	-------------------

Time	Nursing Notes	Initials
1820	nurse arrived to B-1 dorm, offender found lying on bunk open eyes to verbal stimuli, responding by withdrawing to sternal rub, offender has no control over muscle movement, per instructions security to notify Ms Wilbanks to call 911, offender taken to medical per stretcher — (urans) RN	PC

VITAL SIGNS								
Time	Temp	BP	Pulse	Resp	PaO2	FS/BS	FHT	Initials
1825	109.9 rect —	—	—	—	154	—	—	PC

CLINIC NOTESTEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Adams, Rodney
 TDCJ No.: 1797921
 Unit: Gurney

Date & Time	Notes
08/02/12	arrived to medical & offender via stretcher, offender very lethargic, Glasgow scale of 3, offender has a core temp of 109.9, clothing removed, offender covered with cool water, ice packs placed to armpits, groin, and neck region. IV started to RT
08/03/12	↑ AC = 20 gauge x 1 stick, placement verified to NS flush & resistance
1825	NS started @ 150 ml per hour flow rate, offender has black/bruised area to eye region - (surrounding area), offender has been on unit 1 day, offender arrived to Gurney on 08/02/12
	medical HX on offender & thus point is very vague, nursing continue to ice and cover offender with cool water.
1830	offender core temp now @ 109.1 offender still verbally unresponsive, no physical response to sternal rub, offender still exhibiting agonal and labored breathing, offender placed on RT side lying position to prevent aspiration, offender is actively vomiting.

Please sign each entry with status.

HSM - 1 (Rev. 5/92)

P Wares W

CLINIC NOTES

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION**

Name: Adams, Rodney
TDCJ No.: 179 7921
Unit: Gurney

Date & Time	Notes
08/03/12	ambulance arrived to facility, 1835 offender transferred from ER gurney to EMS gurney x 4 people assist. Offender muscle tone very flaccid, offender cannot verbally respond, glasgow scale still @ 3, ambulance secured offender to gurney, Paramedic 1838 offender transferred by EMS to ambulance, offender now off unit, will follow-up with offender upon return to facility. Paramedic —
08/04/12	- notified G. Schallek PA-C of offender D620 change in status and 911 transfer, per G. Schallek PA-C verbal consulted on consult orders as stated above in nurse note. Paramedic WW —

Please sign each entry with status.

**Correctional Managed Care
Urgent / Emergent Care Record**

Patient Name: ADAMS RODNEY **TDCJ#:** 1797921 **Date:** 08/03/2012 18:25 **Facility:** GURNEY (ND)
PEAK FLOW

Time	Peak Flow #1	Peak Flow #2	Peak Flow #3	Peak Flow Personal Best

* Continue hourly peak flow measurements for patients with respiratory distress for the duration of the clinic visit.

MEDICATIONS								
Time	Medication	Dose	Route	Site	Initials	Outcome Eval	Time	Initials

I.V. THERAPY						Intake	Output	
Site #	Location	Gauge	IVF	Rate	Time	Initials	PO	Urine
20g	Rt TAC	20g	NS	150ml	1830	PC	IV	Emesis
							NG	NG
							Other:	Other:

- * Do not release a patient from the clinic without a provider's order if the patient's PaO2 is less than 90% or peak flow is less than 80% of personal best. Normal adult peak flow without existing disease is 300-500.

DISPOSITION OF PATIENT		CONDITION ON DISCHARGE	
Cell	TDCJ Infirmary – Facility:	Date: 08/03/12	Time: 1830
X	Local ER via Ambulance	Improved	
	Hospital Galveston	Stable	
	Other:	X Unstable	
		Deceased	
MODE OF TRANSFER:		UTILIZATION REVIEW NOTIFIED:	
Van	Date:	Time:	
✓ Local EMS	N/A		
✓ 911 Transfer	Yes		
UTMB EMS	No		
Other:	PRE-CERTIFICATION #:		
ECC Contact Name (UTMB ONLY):	UR CONTACT:		
Time Contacted:			

Details of abnormal findings and ongoing assessment and care.

Time	Nursing Notes con't

SIGNATURE AND INITIALS OF ALL NURSING STAFF ADMINISTERING TREATMENT>

This document has been sent for signature, but has not yet been reviewed

AD-10.64 (rev. 6)
 Attachment C
 Page 11 of 11

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Temperature Log

Unit: ND

8.3.2012

Date:	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	76.7°	83%	78°	Bren
7:30 a.m.	82.1	76%	85.4	Bren
8:30 a.m.	84.4	72%	93° (3)	Bren
9:30 a.m.	90°	60%	106° (3)	Bren
10:30 a.m.	95°	50%	107° (4)	Bren
11:30 a.m.	96°	49%	107° (4)	Bren
12:30 p.m.	101°	40%	110° (2)	Bren
1:30 a.m.	101°	37%	110° (2)	Thomas, C.
2:30 p.m.	103°	34%	113° (2)	Thomas, C.
3:30 p.m.	104°	34%	113° (2)	Thomas, C.
4:30 p.m.	104°	34%	113° (2)	Thomas, C.
5:30 p.m.	104°	35%	113° (2)	Thomas, C.
6:30 p.m.	102°	38%	110°	Sorenson

1st Shift B Supervisor Jef Gurney
 2nd Shift B Supervisor _____

Joe F. Gurney Unit
Dorm Temperature Log
 Date 08-03-12

1st Shift Officer Recording R Tolson
 2nd Shift Officer Recording _____

DORM	TIME	OUTSIDE	D.TEMP													
A-1	0754	84	84	B-4	0747	79	80	C-7	0745	83	83	F-2	0736	82	83	
1539	129	104	15	1521	79	104	1628	129	103	2	1517	129	103	2307	96	103
2334	90	90	2315	91	91	2229	92									87
A-2	0800	84	84	B-5	0752	81	83	C-8	0736	83	83	F-3	0737	82	83	
1537	129	104	1545	129	103	1630	129	103	1514	129	103	2309	98	103	88	
2337	90	91	2320	90	91	2232	92									
A-3	0801	84	85	B-6	0753	81	83	D-1	0705	73	76	F-4	0738	82	83	
1540	125	103	1547	129	103	1638	109	104	1517	129	103	2312	84	103	88	
2338	90	91	2323	90	91	2140	85	83								
A-4	0802	84	85	B-7	0753	81	83	D-2	0707	73	77	K-1	0739	83	83	
1543	129	103	1550	129	103	1640	129	104	1632	129	101	2345	84	101	84	
2341	90	90	2321	90	91	2140	85	82								
A-5	0804	83	85	B-8	0754	81	83	D-3	0708	73	77	K-2	0730	83	83	
1535	129	103	1552	129	103	1642	1604	129	1633	129	102	2345	90	102	84	
2345	90	89	2330	90	91	2140	85	83								
A-6	0806	85	85	C-1	0718	80	80	D-4	0709	73	78	K-3	0730	83	83	
1528	129	103	1614	129	103	1644	1609	129	1634	129	101	2347	86	101	84	
2347	90	89	2210	89	92	2140	85	83								
A-7	0807	85	85	C-2	0719	80	80	E-1	0712	78	78	K-4	0731	83	83	
1530	129	103	1616	129	103	1646	1616	129	1635	129	101	2349	86	101	84	
2349	90	90	2213	89	91	2208	90	88								
A-8	0807	83	83	C-3	0720	80	81	E-2	0713	78	79	K-5	0731	83	83	
1531	129	103	1618	129	102	1647	1607	129	1634	129	102	2351	91	102	84	
2351	90	91	2215	89	90	2205	90	88								
B-1	0745	79	79	C-4	0720	80	81	F-3	0723	78	79	K-6	0732	83	83	
1525	129	103	1620	129	102	1649	1609	129	1631	129	101	2357	91	101	84	
2357	91	90	2218	89	90	2204	90	88								
B-2	0746	79	80	C-5	0723	83	83	F-4	0714	78	79	K-7	0733	83	83	
1523	129	103	1622	129	103	1641	1611	129	1633	129	101	2359	86	101	84	
2359	91	90	2223	92	92	2207	90	88								
B-3	0746	79	80	C-6	0724	83	83	F-1	0736	81	82	K-8	0733	83	83	
1519	129	104	1624	129	103	1640	1510	129	1637	129	102	2359	86	102	84	
2359	91	90	2225	92	92	2305	88	88								
SEP																

REV. 08-2012

OUTSIDE-OUTSIDE TEMP @FRONT DOOR
 D. TEMP-CENTER OF EACH DORM

Heat Restricted Offender Wellness Check

Officer's working in a housing area will conduct and document wellness checks on offenders with heat restrictions. The names and housing areas of the offenders may be found on INFOPAC report IMS040-H. To better assist staff, the information contained in the INFOPAC report has been consolidated in the attached lay-in report. The correctional officer assigned to the housing area of the offender's on the attached list are responsible for checking on the wellness of these offenders, documenting the time and acknowledging by the officer's initials at each check. This form is conducted on a four day shift cycle and is maintained by both shifts during those days. A supervisor must conduct, at a minimum, one wellness check on the offenders on each housing area once per shift and acknowledge this by entering the time and the supervisor's initials below. This form shall be turned in by Second Shift at the conclusion of the four day cycle and a new form initiated by the relieving card. Wellness checks should be completed and documented no less than every 30 minutes!

Dorm: B1 Beginning Date: 08/01/12 Ending Date: 08/04/12

		Time	0004	0638	0706	0736	0605	0639	0906	0930	1010	1040	1106	1136	1210	1242	1312	1341	1407	1444	1511	1537	1610	1641	1709	1731	
		Initial	m	m	m	m	m	m	m	m	m	m	m	m	m	m	m	m	m	m	m	m	m	m	m		
Day 1		Time	1800	1830	1900	1930	2000	2030	2100	2130	2200	2230	2300	2330	2359	0021	0038	0128	0157	0227	0256	0326	0357	0425	0455		
Day 1		Initial	CD	DB	WM																						
		Time	0005	0636	0706	0736	0606	0639	0906	0930	1007	1035	1109	1140	1210	1241	1312	1339	1414	1445	1513	1542	1617	1649	1720	1750	
		Initial	m	m	m	m	m	m	m	m	m	m	m	m	m	m	m	m	m	m	m	m	m	m	m		
Day 2		Time	1800	1830	1900	1930	2000	2029	2100	2130	2200	2229	2302	2339	2359	0020	0030	0100	0130	0200	0230	0300	0330	0400	0430	0521	0533
Day 2		Initial	FG	SUS	TUE																						
		Time	0615	0645	0714	0744	0814	0843	0815	0913	1043	1042	1102	1133	1206	1236	1238	1338	1402	1431	1501	1538	1609	1639	1700	1730	
		Initial	KW	BB																							
Day 3		Time	1803	1827	1858	1930	2001	2032	2101	2133	2202	2230	2300	2339	2359	0001	0020	0050	0100	0200	0230	0300	0330	0400	0430	0520	0530
Day 3		Initial	DC																								
		Time	0602	0643	0714	0732	0816	0843	0905	0948	1016	1044	1116	1144	1216	1246	1316	1346	1416	1446	1516	1546	1616	1646	1716	1746	
		Initial	WS																								
Day 4		Time	1805	1829	1905	1933	2004	2032	2105	2127	2154	2230	2301	2339	2359	0001	0031	0100	0130	0200	0230	0300	0330	0400	0430	0520	0530
Day 4		Initial	TH	ST	ST	ST	ST	ST	JT																		

Supervisor Wellness Check on Heat Restricted Offenders
(At least once per shift)

Shift	Day 1		Day 2		Day 3		Day 4	
	1 st	2 nd						
Time	0650	2225	0631	2230	0631	1950	0626	2200
Initials	PBS	MB	MB	MB	MH	MH	MH	MB

Transport of Offender

Instructions: Each shift will maintain any security related notes, to include the time that the OMT Command Center was contacted, throughout the shift during the transport to the off-site medical facility. When calling OMT Command Center, obtain the name of the employee you notified. If additional space is needed, you can use a blank piece of paper written in the below format. Ensure that the departure time from the unit back gate is noted as well as the destination arrival time. The original will be sent with the transport, with a copy of the front forwarded to the Major's office pending the return of the original. OMT Command Center: 888-456-5556. Use continuation forms as necessary. Also note time(s) relieved by on coming shift personnel.

Time	Details
~ 7:05pm	ARRIVED AT HOSPITAL TRAUMA Room
7:06pm	LIFE SUPPORT WAS APPLIED
7:15pm	DR TOOTE CAME INTO THE ROOM
7:30pm	IV AND COOLING BLANKET USED
7:40pm	CAT SCAN
7:50pm	LEFT CAT SCAN
7:55pm	VERY CRITICAL KNOW NOTHING ELSE
8:05pm	NOTIFIED GOING TO TYLER BY AIR
8:45pm	DR TOOTE LET US KNOW THAT IT WAS A HEAT STROKE & SEVERE HYPERHERMIA AND POSSIBLE HEART ATTACK
9:15pm	NURSE MEGAN CAME IN AND CHECKED TEMP, 103.7
9:20pm	PHT MEDICAL STAFF ARRIVED AT THE HOSPITAL AND DID FLIGHT PREP
9:30pm	OFFICER PERRY RELIEVED OFFICER BOY
9:50pm	LOAD ON HELICOPTER
10:00pm	LEFT PALESTINE
10:20pm	ARRIVED AT ETMC IN TYLER TX
10:24pm	ARRIVED IN ETMC ROOM NURSES NICK, EUAN AN AMANDA TAKEN CARE OF OFFENDER BLOOD PRESSURE 124/81 HEART RATE 129
10:27pm	HOOKED THE OFFENDER UP TO BREATHING MACHINE IN EMERGENCY ROOM
	CONTINUED ON NEXT PAGE

Transport of Offender

2

Instructions: Each shift will maintain any security related notes, to include the time that the OMT Command Center was contacted, throughout the shift during the transport to the off-site medical facility. When calling OMT Command Center, obtain the name of the employee you notified. If additional space is needed, you can use a blank piece of paper written in the below format. Ensure that the departure time from the unit back gate is noted as well as the destination arrival time. The original will be sent with the transport, with a copy of the front forwarded to the Major's office pending the return of the original. OMT Command Center: 888-456-5556. Use continuation forms as necessary. Also note time(s) relieved by on coming shift personnel.

3

Transport of Offender

Instructions: Each shift will maintain any security related notes, to include the time that the OMT Command Center was contacted, throughout the shift during the transport to the off-site medical facility. When calling OMT Command Center, obtain the name of the employee you notified. If additional space is needed, you can use a blank piece of paper written in the below format. Ensure that the **departure time** from the **unit back gate** is noted as well as the **destination arrival time**. The original will be sent with the transport, with a copy of the front forwarded to the Major's office pending the return of the original. OMT Command Center: 888-456-5556. Use continuation forms as necessary. Also note time(s) relieved by on coming shift personnel.

Time	Details
0652	AT 6:52 AM ON 8-4-2012 COI T. RODRIGUEZ AND MYSELF COI B. MCCLAIN REPORTED TO ROOM 2262 ICU DEPARTMENT AND RELIEVED 2ND SHIFT OFFICERS FROM DUTY; FROM E.T.M.C. TYLER HOSPITAL. OFFICER COI T. RODRIGUEZ WAS STATIONED IN THE ROOM WITH OFFENDER ADAMS, RODNEY TDC# 1797921, AND I, OFFICER COI B. MCCLAIN WAS STATIONED OUTSIDE OF ROOM IN CLEAR SIGHT OF THE OFFENDER. ALL DOCUMENTATION OF THINGS THAT TOOK PLACE ALONG WITH NAMES OF WHOM DID SERVICES TO PATIENT, AND TIMES WERE LOGGED. AT 4:58 PM ALL IV DRIPS WERE CUT OFF. AT 5:41 PM VENTILATOR WAS TURNED OFF. AT 5:50 PM OFFENDER ADAMS WAS PRONOUNCED DECEASED BY DR. JONES.
	Billy W. McClaine COI

AT 6:36 PM I COI B. MCCLAIN RECEIVED A CALL FROM OIG MARK OWENS STATING OIG BUDDY FLETCHER WOULD BE HANDLING INQUIRY. AT 6:43 PM I COI B. MCCLAIN RECEIVED A CALL FROM JUSTICE OF PEACE SHAMBURGER STATED HE WOULD NOT PHYSICALLY BE COMING TO HOSPITAL BUT WOULD FAX HIS MATERIAL OFF TO UTM B GALVESTON. J.P. ADVISED ME THAT A BEAUMONT TRANSPORT WOULD BE PICKING UP THE BODY FROM HOSPITAL AND DELIVER IT TO UTM B HOSPITAL GALVESTON FOR AUTOPSY.

Billy W. McClain

8/4/12

4

Transport of Offender

Instructions: Each shift will maintain any security related notes, to include the time that the OMT Command Center was contacted, throughout the shift during the transport to the off-site medical facility. When calling OMT Command Center, obtain the name of the employee you notified. If additional space is needed, you can use a blank piece of paper written in the below format. Ensure that the **departure time** from the **unit back gate** is noted as well as the **destination arrival time**. The original will be sent with the transport, with a copy of the front forwarded to the Major's office pending the return of the original. OMT Command Center: 888-456-5556. Use continuation forms as necessary. Also note time(s) relieved by on coming shift personnel.

Ashley Adams, Mother. W/ her

Time	Details
0652	Referred to 2nd Shift
0703	7:03 AM. NURSE ERIN CAME IN AND CHECKED ON HIM. (NURSE KIM)
0706	NURSE CAME IN AND CLEARED ALL VIALS
0708	Nurse came in to check IV BAGS. CLEANED Blood off of GATE, but CLEANED BANDAGES ON him. Took TEMPERATURE
0709	NURSE ERIN CAME IN AND PEG.
0709	NURSE KIM STILL CHECKING BANDAGES AND RECTAL TEMPERATURE 97.4
0725	CALL TO RUMBLE UPATED OFFENDER ADAMS STAY IN BETA (Chest)
0907	NURSE KIM CAME IN AND CHANGE IV BAGS. Took TEMP (97.4) Checked CLOTHES NOT BEING ARE Clothing.
0941	NURSE JERI CAME IN AND drew Blood.
1003	DR. JONES CAME IN AND Checked OFFENDER ADAMS, ORDER A WARMING BLANKET.
1006	DR. CECILIA CAME IN AND ASSESSED THE OFFENDER WAITING ON HPL TO COME BACK (Blood Results), DR. ISSONNA CONTACT FAMILY.
1019	NURSE KIM CAME IN Replaced IV and Done Nasal Suction for drawing blood. Blood out of chest. Took TEMP 94.5
1041	CHADAIN SHANE CAME IN AND INQUIRED ABOUT THE FAMILY AND TALKED To Blood Doctor.
1043	NURSE CAME IN AND drew Blood.
1049	NURSE DREW BLOOD PRESSURE 34/35
1053	NURSE KIM RE-DREW BLOOD PRESSURE 100/81
1102	NURSE KIM CHECKED TEMP, 97.6
1103	NURSE ERIN CAME IN AND DID A SONA GRAM ON HEART.
1105	NURSE KIM CAME IN AND PUT ON CIRCULATION MACHINE ON LEGS.
1125	NURSE KRISTEN CAME IN AND DREW BLOOD. Still trying to find pulse found pulse to 130.
1136	NURSE CAME IN AND Checked Sugar.
1156	NURSE KIM CAME IN CHECKED VIALS, CLEANED THE OFFENDER UP. Blood pressure 88/60, TEMP - 94.6
1158	Blood Pressure 104/71
1158	NURSE KIM CAME IN GAVE HER MORE PLASMA, PLATELETS, 13X3
1158	Blood Pressure 103/31
1158	Blood Pressure 103/31 TEMP 95.7
1221	12:21 BLOOD PRESSURE AGAIN 103/76, STOPPED PLASMA, PLATELETS NOT WORKING

Revision: 05/01/2012

7/3/12

5

Transport of Offender

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NURSE Kim DIC Consultation

Time	Details
5:44	TOOK TEMP (Rectal) 94.6
2:53	NURSE Kristen came in and cleaned around nose and tube in mouth
3:11	Nurse came in fast, best Blower under blanket.
3:28	NURSE (Ante in) and took TEMP 94.4
3:45	NURSE Kim (Ante in) added paper blanket to Blower
3:47	Nurse Kim Took Blood Pressure 76/46
3:51	Medical Nurse (Ante in) came in change blood
4:25	CUTT. BAKER SAID HIM A DOOR WAS OFFENDER ADAMS
4:55	DR. JONES CAME IN ACCORDING THE OFFENDER CALLED MOTHER (WANDA) IN AGREEMENT THAT STOP ALL Drips AND NO MORE BLOOD
4:58	NURSE Kim ADVISED by DR JONES TO UNPLUG ALL IV Drips
5:33	NURSE Kim (Ante in) Heart Rate down to 64, PUPILS HAVE ZERO REACTION, Took BP (74/46).
5:41	VENTILATOR WAS TURNED OFF.
5:50	DEAD (EXPIRED)
6:18	CHAPLIN Taylor called inquiring about family. 1 OFFICER RODRIGUEZ INFORMED him THAT THEY WERE still AT HOME.
6:50 PM	B. Conway & S. McGee relieved 1st shift act CO T. Rodriguez & CO B. McClain.
8:18 PM	Office of the Inspector General Buddy Fletcher arrived
8:52	Lt Hagley arrived to take pictures.

Mother (wanda) 940-393-9526

Daughter (Ashley) 940-368-8985, 940-366-0504

Print Revision: 05/01/2012
2012

6

Transport of Offender

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Revision: 05/01/2012

COUNTY OFFENDER CUP ISSUE LOG

	NAME	TDCJ #	DATE	COUNTY
1781487	Quintana, R	Refugee number R	8-2-12	Kaufman
523210	Rhone, C	Refugee		
1797914	Soto, M	Maynard J. T.		
1797915	Florence, J	refugee		Parker
1797916	Flowers, D	JM		
1797917	Henderson, L	refugee		
1797919	Sampley, E			
1797920	Harris, W	W.H.		Rockwall
1741623	Mendoza, T	W.M.T.		
1797921	Adams, R	Adam R		Wise
1797922	Delnrosa, R	R.D.L.		
1797923	Guerra, J	J.G.		
1797871	Perez	P.Z.		
1797888	Burris, L	L.Burris		
1797918	Hector, C	C.Hector		
	Matthew Nance	Matthew Nance	8-2-12	
18				
19				
20				
21				
22				
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27				
28				
29				
30				

SUPERVISOR: Lt. V. Dawkins

00057064/00057064/000584 TEXAS DEPARTMENT OF CRIMINAL JUSTICE
2011-01 ARB47 OFFENDER SERVICES TRACKING SYSTEM
MEAL INQUIRY BY INMATE PAGE 1

INMATE: 01751NEC ADAMS, RODNEY GERALD

DATES: 2012-08-02 THRU 2012-08-03

DATE	TIME	UNIT	BIT LUNCH MEAL PLAN	SNACK	ENT
2012-08-02	16:25:05	ND - JOE F GURNEY	K1 SLE 03 R		R
2012-08-03	16:45:33	ND - JOE F GURNEY	K1 SLE 03 R		R

08/07/2012 09:23 6273407-

WISE CO JAIL

PAGE 01/01

WISE County S.O.

Larson, Lance

Sergeant

75070

odyssey

Jail Manager Home Add an Arrest Jail Roster Activities Searches Find a Jailing Find a Party Fees & Finances Sign On to a Till Take a Misc. Pay Find a Receipt Bonds Warrants Find a Warrant List Manager Reporting Local Reporting Run a Local Rep Configure CJIS Find a TRN Add a TRN Administration View Job Queue View Job History

Summary Detail Charges Contacts Accounts Property

13-075070-121 SPADAMS, RODNEY R. [REDACTED]
AKMADAPPS, ROBERT ADAM [REDACTED]
DGB - 10/02/1965 DSS [REDACTED] 100-12215-2-185185
DE# TX120945037 Emerg [REDACTED] MNDMADAPS [REDACTED]

Sort: Reverse Date ▼

EDITION: 11/14/2012

At shift change last night 7-29-2012 approx 11:55 p.m. trustee Rodney Adams passed out in his dorm and hit his head around the eye area. His blood sugar was taken and it was 71. At this time I asked the inmate if he ate dinner and he said no that he was trying to lose weight. Trustee was given an orange and informed he needed to eat some of his food at meal time and that he needed to see medical this morning. Subject's eye area was cleaned and bandaged.

ALD

1:55 p.m. trustee Rodney Adams passed out in his dorm and hit his head around the eye area. His blood sugar was taken and it was 71. At this time I asked the inmate if he ate dinner and he said no that he was trying to lose weight. Trustee was given an orange and informed he needed to eat some of his food at meal time and that he needed to see medical this morning. Subject's eye area was cleaned and bandaged.

Start Job History (20) Inbox - Microsoft Word 75070 End

ATTN: L. V. Dawkins

Texas Department of Criminal Justice

Inter-Office Communications

To _____

Date _____

From C.Wilhams LVNSubject Adams, Rodney #179792/

Just after 1800 on 8/3/12 shift change officer Wickeswar states "they need a wheelchair on B1 dorm, a guy is having a seizure", and she took off with a wheelchair with Mrs. Graves (LVN) grabbing the jump bag and AED. and taking off behind her to dorm. A couple minutes later officer Roy came running in and said, "we're gonna need a stretcher"; and he got it and took off with it. At 1822 Lt. Crutcher told me that Mrs. Graves said to call 911 in which I did. The lady wanted information, & didn't have much to tell her except he is unresponsive and reported to be having a seizure. She said she would get an ambulance en route and that if I got any more information before the ambulance arrived to call her back and I agreed to do so. I then took the patient out of the ER and got out the pulse oximeter, glucometer, and rectal thermometer. At 1825 Mrs. Graves LVN arrived to medical with the patient on stretcher lying on (L) side. He was placed in ER, he was unresponsive. He had on underpants and a shirt which Mrs. Graves LVN cut the shirt off of him and poured pitchers of cool water on him. I took his rectal temp which was 109.9 I then promptly called back 911 and reported the pts. condition and rectal temp at 1826 and was told ambulance was on its way. I got ice packs and applied them to pressure points and someone had turned a fan on him. I continued taking temps with core temp (rectally) ranging from 109.1 to 109.9 and continued repositioning ice bags as Mrs. Graves LVN continued with pitchers of water by pouring them over his body. He continued to be unresponsive. I walked around to his face and noticed his (R) eye was black and blue. Mrs. Graves and I discussed this. The ambulance arrived at 1835 by ER clock. He was placed on EMS stretcher and was out the back door at 1838. Mentioned black eye and security officer showed me his ID card. The ID picture revealed the black eye.

Texas Department of Criminal Justice

Inter-Office Communications

To _____

Date 8/8/12

From C Wilbanks LN

Subject Adams, Rodney #1797921

I told this to Mrs. Graves LN and she went to the backdoor and told EMS about the black eye already being present in the I.D. picture.

Texas Department of Criminal Justice

Inter-Office Communications

To _____

Date

08/08/2012

From P. Graves WN

Subject Rodney Adams #1797921
heat related incident

On 08/03/12 @ about 1810-1815, medical was informed of a possible offender actively having a seizure, Officer Wickware en route with wheelchair to B-1 dorm, nurse P Graves WN en route to B-1 dorm with jump bag and AED, security officer Roy en route to medical to retrieve stretcher, ⁽¹⁸¹⁵⁾ Ms. Graves WN arrived to B-1 dorm, nurse P Graves WN ~~offender~~ ^{PC} observed offender lying in bunk, non verbal with agonal, labored breathing, nurse called offender by name, offender looked up @ nurse P Graves WN, withdrew rt shoulder to sternal rub, offender not sweating, skin very hot to the touch, offender not sweating, skin dry, nurse P Graves WN notified security to immediately call Ms. Wilbanks in medical to call 911 for immediate emergency transfer to local ER due to offender's health status at the given time →

Texas Department of Criminal Justice

Inter-Office Communications

To _____

Date 08/08/2012

From P. Graves LVN

Subject Rodney Adams #179712
near related death

of this incident. Offender has a black/purple bruised eye to L orbital region, no blood coming from ear or nasal orifices, offender transferred to medical stretcher x 4 person assist, offender secured to Gurney stretcher, and transferred to on site medical facility, the time was about 1820 on arrival to medical. Offender shirt removed by P Graves WN and C Withbanks WN, pants had been removed in B-1 dorm by nurse Paraves before transfer, offender kept on RT side lying position due to vomiting up greenish-thick clear liquid, offender has glascoma coma scale of 3, offender iced @ ~~press~~^{per} pulse point, fan placed blowing directly on offender, cold water poured over offender, offender has core temp 109.9 → TTT - NS with 20 minute NS running

Texas Department of Criminal Justice

Inter-Office Communications

To _____

Date 08/08/2012

From P Graves WN

Subject Rodney Adams #79742
heat related death.

Offender still verbally unresponsive, noted agonal labored breathing, @ 1835 ambulance on site, for offender transfer, offender transferred to EMS Gurney x 4 person assist, offender still exhibiting agonal labored breathing, care relinquished to Intrepid EMS service, offender out the back door of medical @ 1838. —

PGraves WN —

eHistory and Physical Report-8/4/2012-Lisa M. Dix-Emperador, MD-HP0007-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
HISTORY AND PHYSICAL**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
Lisa M. Dix-Emperador, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

DATE OF ADMISSION
08/03/2012

HISTORY AND PHYSICAL

The patient was seen in the emergency room. The patient actually was transferred from an outlying institution. The patient actually is a 45-year-old white male who was actually incarcerated and was found down. By the time the patient had presented to the emergency room locally he apparently had a core temperature of 108 and was unresponsive. The patient was then stabilized. He was intubated, had IV fluid resuscitation. Continued to have an increased temperature of 108 and was completely unresponsive. In speaking with the police officers that were with him, they state that the patient was in a transfer facility and apparently 54 other inmates were there. Apparently the patient was up and about and had gotten something to eat and came back. He said he was a little bit dizzy and wanted to change up bunks and then when he went to lie down, they state that about 30 minutes later they found him seizing and then he became unresponsive.

PAST MEDICAL HISTORY, FAMILY HISTORY, SOCIAL HISTORY
Inability to obtain. As far as medical records as to whether this patient has any other history of hypertension or diabetes, no records were brought over from the transfer unit.

DATA

As far as his data, he did have a CT scan of his head and this was at 7:43 p.m. at the other institution which showed no intracranial bleed. No masses. There was no old CT for comparison. He had a tox screen there that was negative for marijuana, amphetamines, PCP, cocaine.

LABORATORY DATA AT THE OUTLYING INSTITUTION

Hemoglobin 12.6, hematocrit 37.9, platelet count 183. Platelets estimate were adequate. He had 33 segs, 1 band, 57 lymphs, 4 monos. The patient had a sodium of 131, potassium 5.9, chloride 98, CO2 23, anion gap 14.9, BUN 24, creatinine 2.2, total protein 7, albumin 3.0. Calcium 7.3, AST 40, and ALT 30. He had an alk phos of 117, CK 165. Osmolality calculated was 274, CK-MB 0.8. ETOH was less than 10.

PHYSICAL EXAMINATION

HISTORY AND PHYSICAL
Page 1 of 4

eHistory and Physical Report-8/4/2012-Lisa M. Dix-Emperador, MD-HP0007-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
HISTORY AND PHYSICAL**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

Lisa M. Dix-Emperador, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

VITAL SIGNS: Basically, the patient on arrival here, temperature core was still up at 104. The patient was intubated. He had what looks like a traumatic intubation because he had a lot of increased blood about his orifice. He was saturating at 95% to 100% on a ventilator. The patient is unresponsive with dilated pupils bilaterally. Core temperature is still up at 104.

HEENT: Cervical collar is in place.

LUNGS: Diminished breath sounds throughout but clear. No rhonchi, no wheezes.

ABDOMEN: Benign.

RECTAL: Foley was in place.

SKIN: There was no evidence for ecchymotic areas or contusions of the abdomen.

EXTREMITIES: Are cool, pale.

GENITALIA: He has a Foley catheter in place. Urine is actually light in color and no real evidence for infection.

He did have an EKG in the outlying institution that showed supraventricular tachycardia at 189 beats/minute. A followup EKG monitor here still shows sinus tach at 110. Followup EKG is ordered.

LABORATORY DATA SINCE HE ACTUALLY ENDED UP HERE AT THIS INSTITUTION
Followup CT is pending. The patient has a rectal temperature of 104.4.

Pulse is still 168. Blood pressure is 96/61; 100% saturation on current settings. His ABG on arrival: pCO₂ of 45, pO₂ of 90.6, total hemoglobin 1.4, sodium 34.7, potassium 5.0. Laboratory data significant for creatinine kinase now at 11:23 p.m. of 13.21. CK-MB of 16.8%, troponin of 38. He has a BUN of 31, creatinine 1.5, AST 271. He has bilirubin of 1.8, direct bilirubin of 0.85. He has total protein of 5.8, albumin 2.7, calcium 6.6. He has a white blood count now of 19.8, hemoglobin 11.5, platelet count of 57, bands of 12 and enucleated red blood cells of 10.

The patient is still unresponsive.

The patient was treated with Zosyn in the emergency room.

ASSESSMENT AND PLAN

1. Mental status. The patient was noted to be seizing. At this point the patient is unresponsive. Both pupils are dilated. Patient with significantly elevated core temperature at 108. Questionable if this

HISTORY AND PHYSICAL

Page 2 of 4

eHistory and Physical Report-8/4/2012-Lisa M. Dix-Emperador, MD-HP0007-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
HISTORY AND PHYSICAL**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

Lisa M. Dix-Emperador, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

patient had a stroke, heat stroke, and then seizure, and then subsequent unresponsiveness. The first CT of the head was unremarkable. There was no evidence for brain swelling. At this point in time, the patient has had a significant amount of fluid resuscitation, so a followup CT without contrast has been initiated. Consult was also made to PSOT; was called in when the patient came in at 11:00 to this institution by Dr. Marino with Christine Porter being called.

2. Acute renal failure noted with elevation of his BUN and creatinine. Will continue IV fluid resuscitation. the patient will have his followup CT of the head.
3. Gastrointestinal. Patient with elevated transaminases consistent with shock liver. In addition, patient with DIC panel positive for _____ product from the patient most likely with multi-organ system shutdown.
4. Elevation of cardiac enzymes again, most likely with shocky organ systems. Will plan for an echo in the morning and evaluate LV-function, and when the patient has dilated, cardiomyopathy.
5. As far as his neuro status, will have neuro checks and then will also plan for an EEG in the morning to assess brain function.
6. Rectal Foley is in place, continue.
7. Supraventricular tachycardia noted. Could this patient have presented with a supraventricular tachycardia and then with decreased blood pressure? Will plan to have to have a followup EKG now if he is still having increased significant tachycardia. Will plan to go head and start a Cardizem drip.
8. Since there is some significant acidosis followup ABG with pH now of 7.15. Patient will be treated with 2 amps of bicarb. An ABG will be rechecked.

The family has now appeared and we will talk to the family before the patient goes up.

cc:

TR: dff JOB#: 111877202

HISTORY AND PHYSICAL

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eHistory and Physical Report-8/4/2012-Lisa M. Dix-Emperador, MD-HP0007-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
HISTORY AND PHYSICAL**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
Lisa M. Dix-Emperador, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

DD: 08/04/2012 01:04 A
DT: 08/04/2012 03:32 A

HISTORY AND PHYSICAL
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eConsultation Report-8/4/2012-David I. Jones, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

REASON FOR CONSULTATION
Critical care and ventilator management.

HISTORY OF PRESENT ILLNESS

The patient is an unfortunate 45-year-old male who looks very much older than his stated age with a history of chronic alcoholism. He has been incarcerated since March. He was recently transferred to a facility the 2nd. Prior to his transfer he was hit by another inmate causing a left periorbital ecchymosis and laceration. Approximately 30 minutes after dinner patient was reported to be found to a guard unresponsive with agonal breathing. He was being held by inmates that were surrounding him who stated that he'd had a seizure and they were holding him "to keep him from hitting anything." Patient was then brought to the Emergency Room where he was found to have some upper and lower GI bleeding and hypotension. He was intubated and brought to the Emergency Room. His temperature had been 107.9 on arrival. The most recent temperature we've obtained here after arriving to the ICU in Tyler is 99.2 degrees and this is without any cooling measures performed. Thus far I have given patient one liter of IV fluids. He has had multiple bags of fresh frozen, currently receiving platelets and blood. He continues to profusely bleed. His PT and PTT is extremely high, unreadable and his repeats are pending. Fibrin split products were elevated indicating a possible TTP. Multiple differentials have come to mind. He has been on Seroquel for depression and his mother states approximately one month ago, it was recently increased from 300 to 500. Overall the patient is critically ill. He is on multiple pressors including Neo, Levo and vasopressin at this point. Profuse lower GI bleeding is being contained in a Flexi-seal that is continuous. Patient continues to have hypotension despite fluid bolus, despite multiple pressures, despite blood products being infused. I have discussed the severity of the situation with his mother and his daughter who are aware of the severity and at this point in time they want us to continue efforts. If patient does have a cardiac arrest, the patient is not to receive CPR according to his mother.

PAST MEDICAL HISTORY

1. Coronary artery disease. He had an MI at a younger age.
2. GERD.
3. Bloody stools since April.

CONSULTATION REPORT
Page 1 of 5

eConsultation Report-8/4/2012-David I. Jones, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

-
4. Depression.

PAST SURGICAL HISTORY

Multiple known surgeries including bilateral hip surgery, GI surgery in 2011, back surgery and neck surgery in 2012.

SOCIAL HISTORY

He has been incarcerated since March. He is a one pack per day smoker. Heavy drinker up until the time of the incarceration at approximately 8-12 beers per day.

ALLERGIES

NONE REPORTED

MEDICATIONS

Per mother includes,

1. Seroquel 500 mg.
2. Lisinopril dose unknown.
3. Gabapentin dose unknown.

FAMILY HISTORY

Unknown.

REVIEW OF SYSTEMS

Unable to obtain as he is currently intubated.

ANCILLARY DATA

Initially received in Palestine includes drug tox screen which is negative. His initial chemistries showed a sodium of 130, potassium 5.9, chloride 98. C02 23. His glucose was 105, BUN 24 and a creatinine elevated at 2.2. His AST was 40, ALT 30. Alkaline phosphatase was 117. His initial CKMB was 0.8. Alcohol level was nil. His CBC showed a white count of 7,000, hemoglobin 12 and a hematocrit of 37 with a platelet count of 183. His differential showed 33% segs and 1% bands. CT of the head without IV contrast showed no acute intracranial abnormalities. Urinalysis was unremarkable. Platelets were within normal range at 183.

Ancillary data here in Tyler includes ABGs on arrival showing a pH 7.15, pCO2 45, pO2 83.4 and a bicarb of 15.6 on assist control of 14, 650 and 5

CONSULTATION REPORT

Page 2 of 5

eConsultation Report-8/4/2012-David I. Jones, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

David I. Jones, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

of PEEP. A repeat ABGs just obtained showed a pH 7.16, pCO₂ 47, pO₂ of 300 with a bicarb of 16.8, base excess of -11 on assist control, 14, 655 and 100%. Changes made to the vent were an increased respiratory rate of 22 and a reduced FiO₂ of 50%. His ionized calcium was 0.8. He has been given two amps of calcium gluconate.

His cardiac enzymes on arrival showed a CK 1,321, CKMB 16.8, troponin 38. His BNP was 8. His chemistries on arrival showed a sodium of 137, potassium 4.5, chloride 106, CO₂ 18, glucose 108. BUN 31, creatinine down trending to 1.58 from his original presenting of 2.2. His AST elevated at 271. Total bilirubin 1.8, direct bilirubin 0.85. His calcium is 6.6 and blood albumen 2.7. Fibrinogen degradation products were more than 40. His CBC showed a white count of 19,000, hemoglobin 11 and hematocrit 34 with a platelet count of 57 with 59% segs and 12% bands. His chest x-ray showed an ET tube in good position. His NG tube is in good position otherwise no abnormalities.

CT of the head as stated above from Palestine. Coags are pending.

Current IV medications infusing include Levophed, vasopressin, neo-synephrine and patient had received a liter of normal saline which he continues to receive normal saline at 200 cc's per hour along with the bicarb drip 100 cc's, 5% and 100 cc's per hour. Central line was just placed by Dr. Jones.

ASSESSMENT AND PLAN

1. Shock, multifactorial in nature, questionably septic shock as well as hypovolemic shock.
2. Acute respiratory failure receiving mechanical ventilatory support.
3. Shock liver secondary to #1.
4. Elevated troponin with a cardiac history.
5. Acute renal failure.
6. Severe acute anemia blood loss.
7. History of heavy alcohol abuse.
8. Severe upper and lower GI bleed.

IMPRESSION AND PLAN

1. He has already received multiple antibiotics including vancomycin,

CONSULTATION REPORT

Page 3 of 5

eConsultation Report-8/4/2012-David I. Jones, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY

MR#: 1290384 ACCOUNT #: 00043328731

David I. Jones, MD

ADMIT DATE: 08/03/2012 23:52

DISCHARGE DATE:

Zosyn and clindamycin which we are continuing routinely. Blood cultures, urine cultures and sputum cultures have been obtained and we are following. Continue bicarb drip. Continue aggressive fluid resuscitation.

2. Acute respiratory failure with mechanical ventilatory support. Continue vent support with a metabolic acidosis. Continue bicarb. We have increased his respiratory rate. Will follow.
3. Elevated troponin with a history of coronary artery disease and MI in the past. Will follow cardiac enzymes, obtain echocardiogram.
4. Severe hypotension and metabolic acidosis. Maintain pressures. We will add steroids.
5. Hypocalcemia. Correct electrolytes per protocol and follow.
6. Acute renal failure secondary to the above. Aggressive IV fluids and follow I's and O's, creatinine.
7. Acute anemia with blood loss with coagulopathy. Transfusing fresh frozen platelets and blood rapidly following his H H.
8. History of alcohol abuse with history of GI bleeding in the past. If patient makes it through to night, we will need GI evaluation for possible scoping.
9. Severe upper and lower GI bleed supported with transfusions, possibly currently a DIC/TTP. Continue supportive and aggressive care as stated above.
10. Shock liver secondary to the above.

Overall patient's prognosis is very poor and critical in nature. This was discussed with the family. Patient wishes to continue current care with no CPR if patient goes into a cardiac arrest.

Total critical care time with patient approximately one hour and 45 minutes. Patient is seen by myself as well as Dr. Jones and Dr. Jones will add an addendum. He agrees and collaborates with the plan as stated above.

Dictated by: Christine Porter, ACNP

cc:

CONSULTATION REPORT
Page 4 of 5

eConsultation Report-8/4/2012-David I. Jones, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

TR: cay JOB#: 111877210
DD: 08/04/2012 03:35 A
DT: 08/04/2012 08:25 A

Signed by JONES MD, DAVID I on 04-Aug-2012 17:42:52 -05:00

CONSULTATION REPORT
Page 5 of 5

ePulmonary Report-8/4/2012-David I. Jones, MD-TH0001-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
PULMONARY**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

DATE OF PROCEDURE
08/04/2012

PROCEDURE PERFORMED
Right femoral triple lumen central line placement.

TECHNIQUE IN DETAIL

After informed consent, the patient's right femoral region was prepped and draped in the usual sterile fashion. 1% Xylocaine was used for local anesthesia. Using the modified Seldinger technique, the right femoral vein was cannulated without difficulty. A guidewire was placed and the needle was removed. Over the guidewire, a dilator was placed. This was then removed and a triple lumen catheter was placed over the guidewire into position without difficulty. The guidewire was removed. All ports were aspirated and flushed. The catheter was then sutured into position. Sterile dressing was applied. The patient tolerated the procedure well.

Procedure was performed by Dr. David Jones with adequate placement of a right femoral triple lumen. Sutured in place without any difficulty. No complications.

Dictated by Christine Porter, ACNP

cc:

TR: ddp JOB#: 111877211
DD: 08/04/2012 03:47 A
DT: 08/04/2012 10:33 A

Signed by JONES MD, DAVID I on 04-Aug-2012 17:42:58 -05:00

PULMONARY
Page 1 of 2

ePulmonary Report-8/4/2012-David I. Jones, MD-TH0001-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
PULMONARY**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
David I. Jones, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

PULMONARY
Page 2 of 2

eConsultation Report-8/4/2012-Gary . Gross, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
Gary . Gross, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

DATE OF CONSULTATION
08/04/2012

REFERRING PHYSICIAN
Dr. David Jones.

INDICATION
Coagulation/coagulopathy.

HISTORY OF PRESENT ILLNESS
A very unfortunate situation of a 45 year-old inmate who was apparently perfectly well. He had lunch. After lunch apparently the fellow inmates in the holding tank noted that he was having seizures. They grabbed him to keep him from hurting himself. He was evaluated and noted to have a high temperature of 108 degrees. He was ultimately brought here where he was also noted to have a temperature that high which rapidly came down. He was admitted in the middle of the night to the hospitalists service and Dr. Jones saw the patient in consultation.

The patient has received 6 units of fresh frozen plasma, 6 units of platelets and 4 units of red cells. He continues to bleed profusely through a rectal tube. He has been unresponsive with sluggish pupil, glarey response, and hypotensive.

In terms of any prior relevant history he was on Seroquel and his dose has recently been increased from 300 to 500 mg. He had been in the county jail and had been removed from there to be taken to the holding tank for the state penitentiary. His mother, whom I spoke to on the phone, said he was extremely upset about that; however, he never voiced any suicidal ideation.

He was noted to have a large ecchymosis in his left eye when he presented to the medical staff at the prison. No one verbalized having witnessed any altercations.

His mom said that he was a drug addict but quit 7 years ago. He does drink beer but never heavily.

CONSULTATION REPORT
Page 1 of 3

eConsultation Report-8/4/2012-Gary . Gross, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
Gary . Gross, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

PAST MEDICAL HISTORY/REVIEW OF SYSTEMS
Generally good health. Apparently has hypertension, neuropathy, depression.

MEDICATIONS

1. Seroquel 500 mg.
2. Lisinopril unknown dose.
3. Gabapentin unknown dose.

ALLERGIES

NO KNOWN ALLERGIES

PHYSICAL EXAMINATION

VITAL SIGNS: On examination now his blood pressure is 150/30.

GENERAL: He is unresponsive. His pupils are very large and slowly responsive. He has some blood trickling from his mouth. He is intubated.

LUNGS: Diminished breath sounds at the bases.

CARDIOVASCULAR: Regular rate without S3.

ABDOMEN: Distended. No obvious rebound tenderness. There are a few bowel sounds.

EXTREMITIES: No edema.

DATA REVIEWED

CBC with hemoglobin initially 11.5 down to 6.9 and now up to 11 post transfusion. Platelets are 57,000 with repeat pending. White count of 19,800 on admission with a left shift.

Prothrombin time greater than 320. Partial thromboplastin time of 243. D-dimer greater than 69,000. Fibrinogen degradation products greater than 40.

Review of peripheral blood smear demonstrates no schistocytes. There are a few nucleated red cells, particularly in the second specimen, but no sign of any abnormal image or cells.

IMPRESSION

Fulminate disseminated intravascular coagulation (DIC), with no suggestion of TTP. I suspect this is the aftermath of what appears to be an episode of malignant neuroleptic syndrome related to psychotropic drugs but

CONSULTATION REPORT

Page 2 of 3

eConsultation Report-8/4/2012-Gary . Gross, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
Gary . Gross, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

exacerbated by the extremely hot conditions within the holding tank.

Would consider the possibility the patient could have had sepsis, but the fulminate presentation, very high fevers, and the lack of obvious source make that seem much less likely. At any case at this point the prognosis is extremely poor. I have talked to the patient's mother by phone and shared this with her. She has already accepting the fact that he will virtually certainly die.

RECOMMENDATIONS

I will update coagulation studies and "fill up his tank" with appropriate transfusion of red cells, platelets and fresh frozen plasma. At that point, unless there is significant clinical recover, which I think is extremely unlikely, I would not continue to use precious blood products.

I appreciate the consultation. Will definitely follow the patient with you.

cc: William Chace Conner, MD

TR: tmv JOB#: 111877516
DD: 08/04/2012 10:34 A
DT: 08/04/2012 12:42 P

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ABG (Arterial Blood Gas)-8/4/2012--LB0007-1pg

ETMC - Tyler
1000 S. Beckham Ave.
Tyler, TX 75701
903-597-0351

ABG Results Report

Pt. Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:	10/02/1966	Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Attn Dr:	DIX, LISA MD
Entity:	0100		
Nurs Sta:	POD 1	Rm/Bed:	M10-A
Dx:			
Allrg:	No Known Allergies		

ABG

Reference Range: 08/03/12
 23:19

pH mmHg 7.158 LP

PCO₂ mmHg 45.0 H

pO₂ mmHg 83.4

BE mmol/L -12.6

HCO₃ mmol/L 15.6

O₂ SAT % 92.6

O₂Hb % 90.6 L

tHb g/dL 11.4 L

COHb % 1.2

MetHb % 1.0

Na mmol/L 134.7 L

K+ mmol/L 5.04 H

Ca++ mg/dl 1.04 LP

Vent Mode a/c 14

Patient Rate 14

Patient Temp C 37.0

Pt Name: ADAMS, RODNEY MRN: 1290384

Entity Name: Tyler

Rm/Bed: M10-A

Page 1 of 59

Laboratory Results Report

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ORE_X0AQ_0040_ABG.rpt; Version 1.00

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Printed By: JS - Job Scheduler

Printed On: 04-Aug-12 01:00

This Report was generated using Current Entity / Specific Entity(ies). It is possible some clinical data may not be present, if that clinical data was not associated with a visit.

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 ABG (Arterial Blood Gas)-8/4/2012--LB0007-1pg

ETMC - Tyler
1000 S. Beckham Ave.
Tyler, TX 75701
903-597-0351

ABG Results Report

Pt. Name:	ADAMS, RODNEY	MRN:	1290384
Pt ID:	2012058566	Acct No:	00043328731
DOB:	10/02/1966	Age/Sex:	45Y/M
Adm DTime:	08/03/2012	Atn Dr:	DIX, LISA MD
Entity:	0100		
Nurs Sta:	POD 1	Rm/Bed:	M10-A
Dx:			
Allrg:	No Known Allergies		

ABG

ABG Test Date: 08/03/12
 23:19

Tidal Volume (VT) 650

PEEP 5.0

Pt Name: ADAMS, RODNEY MRN: 1290384

Entity Name: Tyler

Rm/Bed: M10-A

Page 2 of 59

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Laboratory Results Report

ORE_X0AQ_0040_ABG.rpt; Version 1.00

Printed By: JS - Job Scheduler

Printed On: 04-Aug-12 01:00

This Report was generated using Current Entity / Specific Entity(ies). It is possible some clinical data may not be present, if that clinical data was not associated with a visit.

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Consents-8/4/2012--CO0001-1pg

PATIENT IDENTIFICATION

ADAMS, RODNEY
 43328731 129-03-84 M 045Y
 DOB: 10/02/1968 ETMC Tyler



43328731

THIS FORM IS DESIGNED TO COMPLY WITH THE REQUIREMENTS PROMULGATED BY THE TEXAS MEDICAL DISCLOSURE PANEL

**DISCLOSURE AND CONSENT
MEDICAL AND SURGICAL PROCEDURES
TRANSFUSION OF BLOOD
AND BLOOD COMPONENTS**
DC-0010
REV. 11/11

* C 0 0 0 0 1 *

TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.

I (we) voluntarily request Dr. Wren as my physician, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as: _____

I (we) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these procedures: Transfusion of Blood and Blood Components

I (we) understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I (we) authorize my physician, and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.

I (we) (do) not consent to the use of blood and blood products as deemed necessary.

TMES I (we) (do) not authorize ETMC and/or my physician to photograph/video or permit other persons to photograph/video my surgery/procedure. I understand a videotape will not be maintained as part of my medical record.

I (we) understand that no warranty or guarantee has been made to me as a result to cure.

Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I (we) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death.

I (we) also realize that the following risks and hazards may occur in connection with this particular procedure:

Fever

Transfusion reaction which may include kidney failure or anemia

A.I.D.S. (Acquired Immune Deficiency Syndrome)

Heart failure

Hepatitis

West Nile Virus

Other Infections

TMES I (we) understand that my physician may elect to have additional personnel, which may include but not be limited to, vendor representatives in the operating room to facilitate the surgical procedure.

I (we) understand that anesthesia involves additional risks and hazards but I (we) request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I (we) realize the anesthesia may have to be changed possibly without explanation to me (us).

I (we) understand that certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death. Other risks and hazards which may result from the use of general anesthetics range from minor discomfort to injury to vocal cords, teeth or eyes. I (we) understand that other risks and hazards resulting from spinal or epidural anesthetics include headache and chronic pain.

I (we) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.

I (we) certify this form has been fully explained to me, and I (we) have read it or have had it read to me, that the blank spaces have been filled in, and that I (we) understand its contents.

DATE: 08/04/12 TIME: 1200 a.m. p.m. Telephone number - Wanda Williams

PATIENT / OTHER LEGALLY RESPONSIBLE PERSON SIGNATURE

WITNESS: Name: Kirneman PW
 Address: 1000 South Beckman
 City, State, Zip: Ft. Worth, Texas 76101

(STREET OR P.O. BOX)

I have discussed the following with the patient and/or significant other(s): The patient's proposed care, treatment, and services. The potential benefits, risks, and side effects of the patient's proposed care, treatment, and services; the likelihood of the patient achieving his or her goals; and any potential problems that might occur during recuperation. The reasonable alternatives to the patient's proposed care, treatment and services. The risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed care, treatment, and services. Circumstances under which information about the patient must be disclosed or reported, and when indicated, limitations on confidentiality of information learned from or about the patient.

DATE: _____ TIME: _____ a.m. p.m. Physician's Signature: _____

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Consents-8/4/2012--CO0001-1pg

THIS FORM IS DESIGNED TO COMPLY WITH THE REQUIREMENTS PROMULGATED BY THE TEXAS MEDICAL DISCLOSURE PANEL.	
PATIENT IDENTIFICATION ADAMS, RODNEY 43328731 129-03-84 M 045Y DOB: 10/02/1968 ETMC Tyler  43328731	DISCLOSURE AND CONSENT MEDICAL AND SURGICAL PROCEDURES ARTERIAL LINE INSERTION DC-0013 REV. 2/12
	
<p>TO THE PATIENT: You have the right, as a patient, to be informed about your condition and the recommended surgical, medical, or diagnostic procedure to be used so that you may make the decision whether or not to undergo the procedure after knowing the risks and hazards involved. This disclosure is not meant to scare or alarm you; it is simply an effort to make you better informed so you may give or withhold your consent to the procedure.</p>	
I (we) voluntarily request Dr. <u>Johns</u>	as my physician, and such associates, technical assistants and other health care providers as they may deem necessary, to treat my condition which has been explained to me as: _____
<p>I (we) understand that the following surgical, medical, and/or diagnostic procedures are planned for me and I (we) voluntarily consent and authorize these procedures: <u>Placement of line into artery to monitor blood pressure and obtain blood for testing.</u></p>	
<p>I (we) understand that my physician may discover other or different conditions which require additional or different procedures than those planned. I (we) authorize my physician, and such associates, technical assistants and other health care providers to perform such other procedures which are advisable in their professional judgment.</p>	
<p>I (we) (do not) consent to the use of blood and blood products as deemed necessary.</p>	
<p><input checked="" type="checkbox"/> <u>I (we) (do not) authorize ETMC and/or my physician to photograph/video or permit other persons to photograph/video my surgery/procedure.</u></p>	
<p>I understand a videotape will not be maintained as part of my medical record.</p>	
<p>I (we) understand that no warranty or guarantee has been made to me as a result to cure.</p>	
<p>Just as there may be risks and hazards in continuing my present condition without treatment, there are also risks and hazards related to the performance of the surgical, medical, and/or diagnostic procedures planned for me. I (we) realize that common to surgical, medical, and/or diagnostic procedures is the potential for infection, blood clots in veins and lungs, hemorrhage, allergic reactions, and even death.</p>	
<p>I (we) also realize that the following risks and hazards may occur in connection with this particular procedure:</p>	
<p>Bleeding</p>	
<p>Infection</p>	
<p>Injury to artery</p>	
<p>Blood clot (impairment of circulation)</p>	
<p>Loss of limb</p>	
<p><input checked="" type="checkbox"/> <u>I (we) understand that my physician may elect to have additional personnel, which may include but not be limited to, vendor representatives in the operating room to facilitate the surgical procedure.</u></p>	
<p>I (we) understand that anesthesia involves additional risks and hazards but I (we) request the use of anesthetics for the relief and protection from pain during the planned and additional procedures. I (we) realize the anesthesia may have to be changed possibly without explanation to me (us).</p>	
<p>I (we) understand that certain complications may result from the use of any anesthetic including respiratory problems, drug reaction, paralysis, brain damage or even death. Other risks and hazards which may result from the use of general anesthetics range from minor discomfort to injury to vocal cords, teeth or eyes. I (we) understand that other risks and hazards resulting from spinal or epidural anesthetics include headache and chronic pain.</p>	
<p>I (we) have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of non-treatment, the procedures to be used, and the risks and hazards involved, and I (we) believe that I (we) have sufficient information to give this informed consent.</p>	
<p>I (we) certify this form has been fully explained to me, and I (we) have read it or have had it read to me, that the blank spaces have been filled in, and that I (we) understand its contents.</p>	
DATE: <u>08/04/12</u>	TIME: <u>1200</u> <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. <u>Telephone Consent from patient Physician - Linda Sanders</u>
PATIENT / OTHER LEGALLY RESPONSIBLE PERSON SIGNATURE	
WITNESS: Name: <u>Rodney Adams</u>	Address: <u>1021 South Bullard</u>
City, State, Zip: <u>Tyler Texas 75701</u>	
<p>I have discussed the following with the patient and/or significant other(s): The patient's proposed care, treatment, and services. The potential benefits, risks, and side effects of the patient's proposed care, treatment, and services; the likelihood of the patient achieving his or her goals; and any potential problems that might occur during recuperation. The reasonable alternatives to the patient's proposed care, treatment and services. The risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed care, treatment, and services. Circumstances under which information about the patient must be disclosed or reported, and when indicated, limitations on confidentiality of information learned from or about the patient.</p>	
DATE: _____ TIME: _____ <input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. Physician's Signature: _____	

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 Consents-8/3/2012--CO0001-1pg

PATIENT IDENTIFICATION

ADAMS, RODNEY
 43328731 129-03-84 M 045Y
 DOB: 10/02/1966 ETMC TYLER



43328731

TREATMENT AUTHORIZATION AND TERMS OF TREATMENT AGREEMENT

78386
REV. 2/12

* C 0 0 0 0 1 *

- A. **Consent for Surgical and/or Medical Treatment:** I hereby grant permission to the physicians in charge of the case of the above-named patient to employ such surgical, x-ray and technical procedures as they may deem necessary in the diagnosis and treatment of this case.
- B. **Accidental Exposure of Healthcare Worker:** I understand that Texas law provides and I agree, if any healthcare worker is exposed to my blood or other bodily fluid, to allow East Texas Medical Center (ETMC) to perform test(s) on my blood or other bodily fluid to determine the presence of any communicable disease, including but not limited to, Hepatitis, Human Immunodeficiency Virus (which is the causative agent of AIDS) and Syphilis. I understand that such testing is necessary to protect those who will be caring for me while I am a patient at ETMC. I understand the results of tests taken under these circumstances do not become a part of my medical record.
- C. **Independent Physicians:** ETMC and any other hospital, or entity operated as a part of the East Texas Medical Center Regional Healthcare System (collectively referred to as the "Hospital"), is not responsible for the judgment or conduct or any physician who treats or provides a professional service to me, but rather each physician is an independent contractor who is self-employed and is not the agent, servant, or employee of the Hospital. I further understand that other physicians may be called upon to provide care, either directly (as consultants) or indirectly through professional services (i.e. Radiology, Pathology, EKG Interpretations, Anesthesiology). These physicians are also independent contractors who are self-employed and are not the agents, servants, or employees of the Hospital. It is also understood that for emergency services, the Hospital may aid my selection of physicians by an established "on-call" roster provided through each department of the Hospital. These physicians are also independent contractors who are self-employed and are not the agents, servants, or employees of the Hospital. I further agree the Hospital is not responsible for the judgment or conduct of any of the physicians identified above.
- D. **Authorization to Release Information:** I hereby authorize any physician or hospital who has attended me to furnish the insurance company, third party payer or its representative, any attending or consulting physician, nursing home or facility or other health care facility to which the patient is transferred or later receives treatment, any medical record, x-ray, test record or result or other information requested. A photo copy of this authorization is to be considered valid. I understand this release specifically includes any and all blood and related tests including test results reflecting presence of HIV and HBV and other diseases, all of which I specifically authorize to be released. **For purposes of treatment, I understand that the hospital may access my medication history through an electronic database.**
- E. **Authorization to Disclose Information:** Except as otherwise set forth herein or allowed by law, I **do not** authorize the release of any information to others not acknowledged above. I wish to be a "no information" patient, and I realize that flowers, telephone calls and visitors will be refused on my behalf. (Patient's Initials: _____)
- F. **Assignment of Benefits:** In consideration of hospital services rendered, I hereby assign and transfer to ETMC, all money due or to become due or payable to me under my insurance policy, or third party payment agreement up to the total amount of my account with ETMC. I will be responsible for and will pay any amount due to ETMC not paid by my insurance company or third party payer, and if the insurance company refuses to pay any amount of my claim, I agree to pay my entire bill to ETMC. I certify the information given by me in applying for payment under Title XVIII of the social Security Act is correct.
- G. **Physician's Assignment of Benefits:** I direct insurance benefits be paid directly to physicians with ETMC that provide professional services to me as a result of my hospital stay.
- H. **Medicare and Champus/Champva Rights (Medicare/Champus Patients Only):** I acknowledge I have received a copy of the Medicare/Champus Rights. (Patient's Initials: _____)
- I. **Personal Valuables:** I understand ETMC maintains a safe for money and valuables, and ETMC, **will not be responsible** for loss of or damage to any property of money unless deposited with ETMC for safekeeping and a written safekeeping receipt is issued by ETMC. (Patient's Initials: _____)
- J. **Safety:** I understand, for reasons of safety, personal electrical items are not approved for use in ETMC. Such items include hair dryers, curling irons, hot rollers, radios, tape players, razors, heating pads and the like.
- K. **Advance Directive:** I have been given written materials about my rights to accept or refuse medical treatment and my rights to formulate Advance Directives and have acknowledged whether or not I have executed an Advance Directive. I understand that I am not required to have Advance Directives in order to receive medical treatment at this healthcare facility. (Patient's Initials: _____)
- L. **No Warranty:** I understand that no warranty or guarantee has been made to me as to result or cure.
- M. **Patient Rights:** I have been given written materials about my rights as a patient. (Patient's Initials: _____)

Signature of Patient or Legally Authorized Representative

Name & Relationship if not Patient

Witness

RODNEY ADAMS 1241
INMATE a.m. / p.m.
 Date Time

Reason Patient Unable to Sign

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eConsultation Report-8/4/2012-Gary . Gross, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
Gary . Gross, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

DATE OF CONSULTATION
08/04/2012

REFERRING PHYSICIAN
Dr. David Jones.

INDICATION
Coagulation/coagulopathy.

HISTORY OF PRESENT ILLNESS

A very unfortunate situation of a 45 year-old inmate who was apparently perfectly well. He had lunch. After lunch apparently the fellow inmates in the holding tank noted that he was having seizures. They grabbed him to keep him from hurting himself. He was evaluated and noted to have a high temperature of 108 degrees. He was ultimately brought here where he was also noted to have a temperature that high which rapidly came down. He was admitted in the middle of the night to the hospitalists service and Dr. Jones saw the patient in consultation.

The patient has received 6 units of fresh frozen plasma, 6 units of platelets and 4 units of red cells. He continues to bleed profusely through a rectal tube. He has been unresponsive with sluggish pupil, glarey response, and hypotensive.

In terms of any prior relevant history he was on Seroquel and his dose has recently been increased from 300 to 500 mg. He had been in the county jail and had been removed from there to be taken to the holding tank for the state penitentiary. His mother, whom I spoke to on the phone, said he was extremely upset about that; however, he never voiced any suicidal ideation.

He was noted to have a large ecchymosis in his left eye when he presented to the medical staff at the prison. No one verbalized having witnessed any altercations.

His mom said that he was a drug addict but quit 7 years ago. He does drink beer but never heavily.

CONSULTATION REPORT
Page 1 of 3

TY-ADAMS, RODNEY-Enc# 43328731-EMR-I-I-8/3/2012 eConsultation Report-8/4/2012-Gary . Gross, MD-HP0008-1pg

**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
Gary . Gross, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

PAST MEDICAL HISTORY/REVIEW OF SYSTEMS
Generally good health. Apparently has hypertension, neuropathy, depression.

MEDICATIONS

1. Seroquel 500 mg.
2. Lisinopril unknown dose.
3. Gabapentin unknown dose.

ALLERGIES

NO KNOWN ALLERGIES

PHYSICAL EXAMINATION

VITAL SIGNS: On examination now his blood pressure is 150/30.

GENERAL: He is unresponsive. His pupils are very large and slowly responsive. He has some blood trickling from his mouth. He is intubated.

LUNGS: Diminished breath sounds at the bases.

CARDIOVASCULAR: Regular rate without S3.

ABDOMEN: Distended. No obvious rebound tenderness. There are a few bowel sounds.

EXTREMITIES: No edema.

DATA REVIEWED

CBC with hemoglobin initially 11.5 down to 6.9 and now up to 11 post transfusion. Platelets are 57,000 with repeat pending. White count of 19,800 on admission with a left shift.

Prothrombin time greater than 320. Partial thromboplastin time of 243. D-dimer greater than 69,000. Fibrinogen degradation products greater than 40.

Review of peripheral blood smear demonstrates no schistocytes. There are a few nucleated red cells, particularly in the second specimen, but no sign of any abnormal image or cells.

IMPRESSION

Fulminate disseminated intravascular coagulation (DIC), with no suggestion of TTP. I suspect this is the aftermath of what appears to be an episode of malignant neuroleptic syndrome related to psychotropic drugs but

CONSULTATION REPORT

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**EAST TEXAS MEDICAL CENTER REGIONAL HEALTHCARE SYSTEM, TYLER,
TEXAS
CONSULTATION REPORT**

ADAMS, RODNEY
MR#: 1290384 ACCOUNT #: 00043328731
Gary . Gross, MD
ADMIT DATE: 08/03/2012 23:52
DISCHARGE DATE:

exacerbated by the extremely hot conditions within the holding tank.

Would consider the possibility the patient could have had sepsis, but the fulminate presentation, very high fevers, and the lack of obvious source make that seem much less likely. At any case at this point the prognosis is extremely poor. I have talked to the patient's mother by phone and shared this with her. She has already accepting the fact that he will virtually certainly die.

RECOMMENDATIONS

I will update coagulation studies and "fill up his tank" with appropriate transfusion of red cells, platelets and fresh frozen plasma. At that point, unless there is significant clinical recover, which I think is extremely unlikely, I would not continue to use precious blood products.

I appreciate the consultation. Will definitely follow the patient with you.

cc: William Chace Conner, MD

TR: tmv JOB#: 111877516

DD: 08/04/2012 10:34 A

DT: 08/04/2012 12:42 P